## Exhibit 36

#### Case 4:94-cv-02307-CW Document 3630-9 Filed 10/16/24 Page 2 of 96

#### REASONABLE ACCOMMODATION PANEL (RAP) RESPONSE

RAP Meeting Date: 2/21/2024	Date IAC Received 1824: 2/14/2024	1824 Log Number: 520316
Inmate's Name:	CDCR #	Housing: B2-
RAP Staff Present: ADA Coordina	ator N. Scaife, Chief Medical Executive G. Ug	wueze, Psychologist Dr. Health Care Grievance
Representative Custody	Appeals Representative Associate (	Governmental Program Analyst Staff Services
Analyst Field Training L	ieutenant Principle (A)	

Summary of Inmate's 1824 Request: Inmate reports difficulty waking up on time due to being a deep sleeper and documented hearing impairment; Inmate requests sign language classes and a vibrating watch.

#### Interim Accommodation:

No interim accommodation required: You are currently designated Hearing Impaired, Not Impacting Placement (DNH) and accommodated with hearing aids.

#### RAP RESPONSE:

**RAP is able to render a final decision on the following:** Inmate reports difficulty waking up on time due to being a deep sleeper and documented hearing impairment; Inmate requests sign language classes and a vibrating watch.

Response: On 2/21/2024, the RAP met and discussed your 1824, Reasonable Accommodation Request.

Your request was forwarded to the Central Screening Team (CST) for review. The CST identified you claim regarding programs and determined it does not fit within the scope of a request for reasonable accommodation. These claims have been referred to the appropriate department and will be responded to within sixty days via a grievance response.

A review of Strategic Offender Management System (SOMS) indicates you are currently designated DNH with primary Effective Communication (EC) of needs staff to speak loudly and clearly and alternate of hearing aids. Accounting confirmed you are not considered indigent. You may utilize approved processes to purchase a vibrating watch. Sign Language Interpreter (SLI) classes are not currently available at California Substance Abuse Treatment Facility and State Prison at Corcoran (CSATF).

You are encouraged to utilize the appropriate avenues to address requests or concerns. If you disagree with this determination, you may submit a CDCR 602-2, and your concerns will be addressed through the Inmate Grievance Process.

Direction if dissatisfied: If you disagree with this decision and want to file an appeal/grievance, be sure to attach a copy of this response along with your CDCR 1824 as supporting documents.

N. Scaife

r.s.l.

ADA Coordinator/Designee

Signature

Date sent to inmate:

MAR 1 2 2024

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#### STATE OF CALIFORNIA REASONABLE ACCOMMODATION REQUEST CDCR 1824 (Rev. 09/17)

	1		Page 1 of 1
INSTITUTION (Staff use only)		Only)	CSATE O
May delay your access to health car		care decision. This	FEB 14 2004
INMATE'S NAME (Print)		ASSIGNMENT	Housing 132
You may use this form if you have a You may use this form to request a s participate in a program, service or a Submit this form to the Custody Appe The 1824 process is intended for an i The CDCR 1824 is a request process If you have received an 1824 decision disagreeing with a medical diagnosis/	pecific reasonable accommodation ctivity. You may also use this form eals Office. Individual's accommodation reques a, not an appeal process. All CDO n that you disagree with, you may a	i which, if approved, v to submit an allegations at. Each individual's n 3-1824 requests will n	vill enable you to access and/or on of disability-based discrimination equest requires a case-by-case rev
HY CAN'T YOU DO IT?	teep Sleeper	AND HAR T	E Can +
HAT DO YOU NEED? I THAT DO YOU NEED? I THE to very and a Vibratin	y watch and	a Sigh Le Alarm,	unguage Classes
		(Use the back of	this form if more space is needed)
t and attach documents, if available: Hearing Inc. paired	DESCRIBE YOUR DISABILI	TY? Yes 🖄	No 🗌 Not Sure 🗌
nderstand that staff have a right to inter	view or examine me, and my failur	to cooperate may c /-3/2 DATE SI	
vietance in completing this form was pro	ovided by:		
Last Name	First Name		Signature

.

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#### Interim Accommodation Procedure (IAP) / Interview Worksheet

DRAFT

	ed whenever the inmate's	ator (IAC) <u>shall complete Step</u> request is unclear or when ac AP better understand the requ	Iditional input from	<u>day</u> .
Inmate:	CDCR #	CDCR 1824	Log #: <u>520316</u>	
STEP 1 INTERIM ACCOMMODATION Ass Does the inmate raise issues on being processed? Base your as Yes / Unsure (Complete Step Issues that may cause the inmate Falling or the potential for Cannot safely access up Workplace safety concert Inability to perform essert	SESSMENT the CDCR 1824 that massessment solely on the s 2 &/or 3) No (I obtain te injury or other seriou or falling. Canr oper bunk. Seizu rns. Hear ntial manual tasks (e.g., a	Date CDCR 1824 received ay cause the <b>inmate injury or</b> e <b>inmate's claim, assuming t</b> None of the issues below are p i information for RAP by compl	d by IAC: 02 / 14 / 2 other serious harm while the claim is true. present) [Note: IAC may st eting Step 2] nited to: n upper bunk. eopardize safety. ray, shower, use toilet).	e it is
Person Completing Step 1	Title		Date Completed	
STEP 2       CDCR 1824 INTERVIEWS         Date assigned:       //         Assigned to:	Due back to IAC: mate's current status (ind self and obtain informatio	Title: Cluding DPP codes, DDP code n either telephonically or in per	s, TABE score, etc.)	1111111111111111111111
Staff Interviewed:			iterview date: /	/
Staff Interviewed:			iterview date: /	1
Notes: A REVIEW OF SOMS INDICAT STAFF TO SPEAK LOUDLY AN I/M IS NOT CONSIDERED INDI WATCH, SLI CLASSES ARE NO	ID CLEARLY AND ALTE GENT. I/M MAY UTILIZE	RNATE OF HEARING AIDS. A APPROVED PROCESSES T	ACCOUNTING CONFIRM	
Interviewer (Print Name)	Title	Signature	// Date Completed	

#### Case 4:94-cv-02307-CW Document 3630-9 Filed 10/16/24 Page 5 of 96

		IAP / Interview	<u>Work</u> sheet	DRAFT
Inmat	e:	CDCR #:	CDCR 1824 Log	, #: <u>520316</u>
Step 3:	DECISION REGARDING WH	ETHER AN INTERIM ACCOMMO	DATION IS NECESSARY (See N	lote below)
	An Interim Accommodation	IS NOT required		
	Reason:			
<b></b>		10		
	An Interim Accommodation	<u>IS required</u> .		
	Reason:			
	Accommodation(s) prov	ided.		Date provided:
		lucu.		
				//
				//
	Comments:			
		AGPA		02 / 15 / 24
P	erson Completing Step 3	Title	Signature	Date Completed
Note: W	hen information is unable to pro	ve or disprove a claim, consider ar	n interim accommodation as a pre	ecautionary measure.

#### IAP processing instructions for the Appeals Coordinator

- Step 1 must always be completed prior to the initial RAP.
- Step 2 should be completed whenever the inmate's request is unclear, or when additional input from the inmate and/or staff will help the RAP better understand the request.
- If Step 1 is "Yes/Unsure," proceed to Steps 2 and/or 3. The interviews conducted in Step 2 will help with the decision in Step 3. Step 3 documents the decision. When the IAC is not able to complete steps 2 & 3 prior to the RAP (e.g, the request was received the day before the RAP) steps 2 and 3 may be completed during the RAP or shortly thereafter. Under no circumstances shall a decision regarding the need for an IAP exceed 5 working days.
- Consult with the ADA Coordinator when unsure which box to check in Step 1.
- Maintain ongoing communication with the ADA Coordinator regarding the interim accommodation process.

#### Step 2 Interviewer Instructions

- Your task is to obtain additional information that will assist the Reasonable Accommodation Panel (RAP) better understand issues raised by an inmate on a CDCR 1824, Reasonable Accommodation Request Form.
- Take a moment to read the CDCR 1824 and then review the information being requested in Step 2. If you need clarification, contact the Appeals Office or the ADA Coordinator.
- Interview the inmate who filed the CDCR 1824 and/or staff who may have knowledge about the inmate's request.
- Inmates often have difficulty expressing themselves in writing. Your interview notes should try to clarify what the problem is, and what the inmate wants (e.g., cane, lower bunk, shower chair, job modification, etc.).
- Reminder. Be sure to return this form to the Inmate Appeals Coordinator by the due date listed in Step 2.

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CDC #:

PID #

### CHSS035CDPP Disability/Accommodation SummaryWednesday February 14, 2024 02:01:48 PM

As of: 02/14/2024

Name

OFFENDER/PLACEMENT	DISABILITY ASSISTANCE
CDC#	Current DDP Status: NCF
Name	DDP Adaptive None
Facility: SATF-Facility B	Support Needs:
Housing Area/Bed: B 002	Current DDP Status Date: 11/07/2012
Placement Score: 31	DPP Codes: DNH
stody Designation: Medium (A)	DPP Determination Date: 01/24/2017
Housing Program: General Population	Current MH LOC: GP
ousing Restrictions:	Current MH LOC Date: 11/02/2012
Physical Limitations	SLI Required: No
to Job/Other:	Interview Date: 06/19/2019
	Primary Method(s) - Hearing: Need Staff to Speak Loudly and
	Clearly
	Alternate Method - Hearing: Hearing Aids
	Non-Formulary Alternative methods:
	Accommodations/Comments: American Sign Language
	Reads Lips
	Written Notes
	Sign Exact English
	Refer to updated EC Chrono (rev.
	12/13) CDC 128B dated 6/19/19
	Learning Disability:
	Initial Reading Level: 04.4
	Initial Reading Level Date: 10/16/2018
	Durable Medical Equipment: Hearing Aid
	Hearing Impaired Disability Vest
	Hearing Impaired Disability Vest Languages Spoken:

Last Returned Date: Release Date: 12/28/2037 Release Type: Earliest Possible Release Date Privilege Group: A Work Group: A1 AM Job Start Date: Status: Position #: Position Title: Regular Days On:

## Exhibit 3

#### REASONABLE ACCOMMODATION PANEL (RAP) RESPONSE

RAP Meeting Date: 12/20/2023	Date IAC Received 1824: 12/15/2023	1824 Log Number: 492884
Inmate's Name	CDCR #:	Housing: CTC-
RAP Staff Present: ADA Coordinator	N. Scaife, Chief Physician and Surgeon Dr. N. No	
Representative <b>Custody</b> A	ppeals Representative	Governmental Program Analyst Control Staff
Services Analyst	ining Lieutenant	
	en a ser en anno esta ser esta de al code de alter e financial	htere all to the modium for any company the instate

Summary of Inmate's 1824 Request: Inmate reports getting winded while wheeling himself to the podium for announcements; Inmate requests staff make personal notifications to him at his cell.

#### Interim Accommodation:

No interim accommodation required: You are safely accessing Programs, Services, or Activities (PSA)s in your wheelchair and has access to Americans with Disabilities Act (ADA) workers for assistance if needed.

#### **RAP RESPONSE:**

**RAP is able to render a final decision on the following:** Inmate reports the battery in talking book player no longer works; Inmate requests a replacement battery pack.

Response: On 12/20/2023, the RAP met and discussed your 1824, Reasonable Accommodation Request.

Per the Interim Accommodation Procedure (IAP) worksheet, dated 12/15/2023, you were observed accessing Programs, Services, or Activities (PSA)s while in possession of your wheelchair. You were educated on how to utilize your wheelchair and ask for assistance from ADA workers to provide assistance if needed.

You are encouraged to utilize the appropriate avenues to address requests or concerns. If you disagree with this determination, you may submit a CDCR 602-2, and your concerns will be addressed through the Inmate Grievance Process.

Direction if dissatisfied: If you disagree with this decision and want to file an appeal/grievance, be sure to attach a copy of this response along with your CDCR 1824 as supporting documents.

Date sent to inmate:

JAN 1 2 2024

ADA Coordinator/Designee

N. Scaife

Signature

STATE OF CALIFORNIA REASONABLE ACCOMMODATION REQUEST

CDCR 1824 (Rev. 09/17)

~

				Page 1 of 1
INSTITUTION (Staff use only)	LOG NUMBER (Staff Use Only	()	DATE RECEIVED	BY STAFF:
SPITE	4 4 2 2 8	U I	CS	ATE OFF
	<u> </u>			ATF OFFICE
**************************************		*********	DF	C 15 2023
DO NOT use a CDCR 1824 to request healt	h care or to appeal a health car	e decision. This		
may delay your access to health care. Ins	tead, submit a CDC 7362 or a (	CDCR 602-HC	OF G	RIEVANCES
INMATE'S NAME (Print)	CDCR NUMBER	ASSIGNMENT	HOU	SIN
		2 WAD	A = F'	) -
INCTORIONS.				
INSTRUCTIONS:		halloun unu hout	a shusing as most	al diaphilite
<ul> <li>You may use this form if you have a physic</li> <li>You may use this form to request a specific</li> </ul>				
participate in a program, service or activity				
<ul> <li>Submit this form to the Custody Appeals C</li> </ul>				
• The 1824 process is intended for an individ		Each individual	s request requires a	case-by-case review.
• The CDCR 1824 is a request process, not				
· If you have received an 1824 decision that	•••••			
disagreeing with a medical diagnosis/treat	ment decision).			
WHAT CAN'T YOU DO / WHAT IS THE				
	Prying to as th	A ANWA	and All	milore
	Trying to go in	epican	Contra Contra	
else				
•				
WHY CAN'T YOU DO IT?		-	л <sup>с</sup>	
I just returned	Idave ago from	i = 5 da	v cter.m	thes.
	nonlar It ha	1 bem	very diffe	cut
moving around ane	in just 40 the De	dame I		
WHAT DO YOU NEED?	<u></u>		L	c P {
That bo too Needr	previously, ashed	' about of	raving com	ie to import
me about announcem	ints pectuse of			A. to NO QUAL
And in The and A marine and	all to the pooler	n. on Riede	al ovarigu	Herberg
head to have some	0	6 call 7 1	5 sulla a	ve, 1851
			rewended	forthe
On to fur the	-participant	0	0	-0
Smalled assuring		(Use the ba	ack of this form if mo	ore space is needed)
DO YOU HAVE DOCUMENTS THAT I	DESCRIBE YOUR DISABIL	ITY? Yes		lot Sure
	IPAAIJINS (AAI/ DIGLIMIN			
List and attach documents, if available:,				
I understand that staff h		o cooperate	may cause this requ	lest to be disapproved.
1 UIGBISTONE CIEL CERT		12-	-12-23	_
·····		DA	TE SIGNED	_
Assistance in completing this form was pro	vided by:			
1			Signature	······································

#### Case 4:94-cv-02307-CW Document 3630-9 Filed 10/16/24 Page 10 of 96 Interim Accommodation Procedure (IAP) / Interview Worksheet DRAFT

Upon receipt of a CDCR 1824, the Institution Appeals Coordinator (IAC) shall complete Step 1 below within 1 working day. Step 2 should be completed whenever the inmate's request is unclear or when additional input from the inmate and/or staff will help the RAP better understand the request.

Inmate:		CDCR 1824 Log #: 492884
STEP 1 INTERIM ACCOMMODATION ASSES	SMENT Date CI	OCR 1824 received by IAC: <u>12 / 15 / 23</u>
Does the inmate raise issues on the	e CDCR 1824 that may cause the	inmate injury or other serious harm while it is
		Haim, assuming the claim is true.
Yes / Unsure (Complete Steps 2		ssues below are present) [Note: IAC may still for RAP by completing Step 2]
Issues that may cause the inmate i	njury or other serious harm incl	ude, but are not limited to:
<ul> <li>Falling or the potential for factors</li> </ul>	alling.	vigate stairs.
Cannot safely access upper		and is assigned an upper bunk. claims that may jeopardize safety.
Workplace safety concerns     Inability to perform essentia	· •	g hall, carry food tray, shower, use toilet).
Maintenance, repair, or rep	lacement of health care appliance	s which involve safety concerns.
	GPA	12 / 15 / 23
Person Completing Step 1	Title	Date Completed
r		
	Note: Be sure to complete Step 3 v	
Date assigned: <u>12 / 15 / 23</u>	Due back to IAC: 12 / 18 / 2	
Assigned to: FACILITY F		
Information needed: PLEASE ENSURE // ASSIGNED WHEEL	M IS SAFELY ACCESSING PE CHAIR PLEASE ADVISE I/M H	HE MAY UTILIZE HIS WHEELCHAIR AND
	NCE WITH PUSHING FROM	
Note 1: Attach a DECS printout listing inma	ate's current status (including DPP	codes, DDP codes, TABE score, etc.)
Note 2: IAC and/or RAP may assign to self		
Inmate Interview Date/Time: 12/15/2	<u>3 2000 HRS</u> Location:	FI
Interviewer notes: I observed 2/1	in accessing PSAS in	hile in possession of his wheelching
		and ask for assistance from
from ADA workers to push	-	
Staff Interviewed: 40	Title:	Interview date: <u>12 / 15 / 23</u>
Interviewer Notes: Officer	startud she see's	The Jaques using his wheelchoir
and being assisted by AD	Amerkers to access	The Jacques using his wheelcheir PSA'S
,	· · · · · · · · · · · · · · · · · · ·	
Staff interviewed:	Title:	Interview date://
Interviewer Notes:		
		······
A REVIEW OF SOMS INDICATES	S I/M IS CURRENLTY DESIGNAT	ED DPO WITH AN ASSIGNED WHEELCHAIR.
TRAMAY DEOLIEST ASSISTANC	F WITH ACCESSING FROM ADA	WORKERS ON OTHER, INCLOSURE COME
	ED TO THE SAME HOUSING FO	
	Shit	12/15/23
Interviewer (Print Name)	S Gro Title	12     15     23       Signature     Date Completed

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Inma	te:	CDCR #:	CDCR 1824 Log	#: 492884
Step 3	: DECISION REGARDING WH	ETHER AN INTERIM ACCOMMO	DATION IS NECESSARY (See N	ote below)
			TAS # in wheelche	in and has
	An Interim Accommodation	IS required.		
	Reason:	-		
	Accommodation(s) provi	ded:		Date provided: //
				// //
	Comments:	· · · · · · · · · · · · · · · · · ·		
		AGPA		<u>12 / 12 / 23</u>
	Person Completing Step 3	Title	Signature	Date Completed
Note: V	When information is unable to pro	ve or disprove a claim, consider a	in interim accommodation as a pre	cautionary measure.

#### IAP processing instructions for the Appeals Coordinator

- Step 1 must always be completed prior to the initial RAP.
- Step 2 should be completed whenever the inmate's request is unclear, or when additional input from the inmate and/or staff will help the RAP better understand the request.
- If Step 1 is "Yes/Unsure," proceed to Steps 2 and/or 3. The interviews conducted in Step 2 will help with the decision in Step 3. Step 3 documents the decision. When the IAC is not able to complete steps 2 & 3 prior to the RAP (e.g, the request was received the day before the RAP) steps 2 and 3 may be completed during the RAP or shortly thereafter. Under no circumstances shall a decision regarding the need for an IAP exceed 5 working days.
- Consult with the ADA Coordinator when unsure which box to check in Step 1.
- Maintain ongoing communication with the ADA Coordinator regarding the interim accommodation process.

#### Step 2 Interviewer Instructions

- Your task is to obtain additional information that will assist the Reasonable Accommodation Panel (RAP) better understand issues raised by an inmate on a CDCR 1824, Reasonable Accommodation Request Form.
- Take a moment to read the CDCR 1824 and then review the information being requested in Step 2. If you need clarification, contact the Appeals Office or the ADA Coordinator.
- Interview the inmate who filed the CDCR 1824 and/or staff who may have knowledge about the inmate's request.
- Inmates often have difficulty expressing themselves in writing. Your interview notes should try to clarify what the problem is, and what the inmate wants (e.g., cane, lower bunk, shower chair, job modification, etc.).
- Reminder. Be sure to return this form to the Inmate Appeals Coordinator by the due date listed in Step 2.

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CDC #: PID #:

## CHSS035CDPP Disability/Accommodation Summary Friday December 15, 2023 10:44:10 AM

As of: 12/15/2023

Name:

OFFENDER/PLACEMENT	DISABILITY ASSISTANCE	
CDC#:	Current DDP Status: NCF	
Name:	DDP Adaptive None	
Facility: SATF-Facility F	Support Needs:	
Housing F 001	Current DDP Status Date: 10/23/2017	
Area/Bed:	DPP Codes: DPO	
lacement Score: 19	DPP Determination Date: 05/11/2023	
Custody Medium (A)	Current MH LOC: CCCMS	
Designation:	Current MH LOC Date: 08/09/2023	
ousing Program: Non-Designated Program Facility	SLI Required:	
Housing Ground Floor-Limited Stairs	Interview Date:	
Restrictions: Lower/Bottom Bunk Only	Non-Formulary	
Physical Transport Vehicle with Lift	Accommodations/Comments:	
Limitations to Special Cuffing Needed	Learning Disability:	
Job/Other: Permanent - 12/31/9999	Initial Reading Level: 12.9	
	Initial Reading Level Date: 10/30/2017	
	Durable Medical Equipment: Air Cushion (for	
	Wheelchair Seat)	
	Canes	
	Mobility Impaired	
	Disability Vest	
	Diabetic	
	Supplies/Monitors	
	Eyeglass Frames	
	Incontinence Supr	lie
	Night Guard	
	Therapeutic	
	Shoes/Orthotics	
	Walkers	
	Wide Wheel Chair	
	Languages Spoken:	
	Lunguages Sporten.	

#### **IMPORTANT DATES**

Date Received: 10/18/2017 Last Returned Date: Release Date: 08/27/2207 Release Type: Minimum Eligible Parole Date

#### WORK/VOCATION/PIA

Privilege Group: A Work Group: A1 AM Job Start 05/19/2021 Date: Status: Full Time Position #: AD1.001.007 Position Title: F B-1 ADA WORKER GROUP A Regular Days On: Monday through Friday (06:30:00 -10:00:00) Monday through Friday (10:30:00 -14:00:00)

## Exhibit 3

#### REASONABLE ACCOMMODATION PANEL (RAP) RESPONSE

RAP Meeting Date: 12/20/2023	Date IAC Received 1824: 12/18/2023	3 1824 Log Number: 493631
Inmate's Name:	CDCR #:	Housing: CTC-
RAP Staff Present: ADA Coordinate	or N. Scaife, Chief Physician and Surgeon Dr.	N. Ndu, Psychologist Dr. Health Care Grievance
Representative <b>Custody</b>		ciate Governmental Program Analyst
Services Analys	raining Lieutenant	

Summary of Inmate's 1824 Request: Inmate alleges they missed pill call because they could not hear the announcement; Inmate requests to have staff give them personal notification of announcements.

#### Interim Accommodation:

No interim accommodation required: You do not report difficulty accessing Programs, Services, or Activities (PSA)s or performing Activities of Daily Living (ADL)s.

#### **RAP RESPONSE:**

**RAP is able to render a final decision on the following:** Inmate alleges they missed pill call because they could not hear the announcement; Inmate requests to have staff give them personal notification of announcements.

Response: On 12/20/2023, the RAP met and discussed your 1824, Reasonable Accommodation Request.

Your previous 1824 requesting personal notifications (Grievance Log #492884) stated personal notifications were needed due to getting winded when wheeling yourself to the podium.

Due to its nature, your request was forwarded to Health Care Services for input. Health Care Services provided the RAP with a Disability Verification Process (DVP) Worksheet indicating you do not have documented hearing responsibility; you are scheduled for a hearing evaluation by your Primary Care Provider (PCP) on 12/27/2023. On 12/17/2023, you failed to show up to medication line for Suboxone. You did attend morning and evening medication on that day.

It is your responsibility to listen for announcements.

You are encouraged to utilize the appropriate avenues to address issues, such as submitting a 7362 to Health Care Services for any medical related requests. If you are dissatisfied or disagree with the treatment being provided by Health Care Services, you may submit a 602HC and your concerns will be addressed through the Health Care Grievance Process. If you disagree with this determination, you may submit a CDCR 602-2 and your concerns will be addressed through the Inmate Appeal Process.

**Direction if dissatisfied**: If you disagree with this decision and want to file an appeal/grievance, be sure to attach a copy of this response along with your CDCR 1824 as supporting documents.

N. Scaife

1. Series

Date sent to inmate:

JAN 1 7 2020

ADA Coordinator/Designee

Signature

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#### STATE OF CALIFORNIA REASONABLE ACCOMMODATION REQUEST CDCR 1824 (Rev. 09/17)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

CDCR 1824 (Rev. 08/17)				Page 1 of 1	
INSTITUTION (Staff use only)	LOG NUMBER (Staff Use	e Oniy)	DATE REC	EIVED BY STAFF:	
SPTF	1 443431		CSATE	DEFICE	
******************TALK TO STAFF IF YO	U HAVE AN EMERGEN	ICY********	DEC 11	3 2023	
DO NOT use a CDCR 1824 to request healt	h care or to appeal a healt	h care decision. This	_	1	
may delay your access to health care. Ins	tead, submit a CDC 7362 (	or a CDCR 602-HC	OF GRIE	VANCES	
INMATE'S NAME (Print)	CDCR NUMBER	ASSIGNMENT	·	HOUSING	_
		acw A	DA.	FM	
INSTRUCTIONS:					-
<ul> <li>You may use this form if you have a physic</li> <li>You may use this form to request a specific participate in a program, service or activity</li> <li>Submit this form to the Custody Appeals Control</li> <li>The 1824 process is intended for an individe</li> <li>The CDCR 1824 is a request process, not</li> <li>If you have received an 1824 decision that disagreeing with a medical diagnosis/treat</li> </ul>	c reasonable accommodat . You may also use this for Office. dual's accommodation requ an appeal process. All CE t you disagree with, you ma	ion which, if approved orm to submit an allega uest. Each individual' DCR 1824 requests wi	, will enable y ation of disab s request req 1) receive a re	you to access and/or lity-based discrimination. uires a case-by-case review. osponse.	
WHAT CAN'T YOU DO / WHAT IS THE I mot whan ADA S denies my Afterneo	PROBLEM? At Yesterday Meds bpcau		y iscue	o I was Aill call	
ANY and ALL JO	stad help be	ing notified	of Podice	all for All Call is is at loss + in announcencer d what's said. not being able	2
to hear or unders	tend PC cinn old cost . Q eCome do pill of much: I a	call. Anytu sk Abdin nnounce mo	ne foo y can 1	Miculous state- miculous state- mil:4010 please get	6 <del>65</del> † 0-8
DO YOU HAVE DOCUMENTS THAT E List and attach documents, if available:	ESCRIBE YOUR DISA	BILITY? Yes	□ No [[	Not Sure	
I understand that sta 	ided by:		nay cause th -/	es request to be disapproved.	
Last Name				ahuro	
	First Name			ature	

#### Case 4:94-cv-02307-CW Document 3630-9 Filed 10/16/24 Page 16 of 96 Interim Accommodation Procedure (IAP) / Interview Worksheet DRAFT

Upon receipt of a CDCR 1824, the Institution Appeals Coordinator (IAC) shall complete Step 1 below within 1 working day. Step 2 should be completed whenever the inmate's request is unclear or when additional input from the inmate and/or staff will help the RAP better understand the request.

Inmate:	CDCR #:	CDCR 1824 Log #: 493631
STEP 1 INTERIM ACCOMMODATION AS	SESSMENT Date	CDCR 1824 received by IAC: <u>12 / 18 / 23</u>
Does the inmate raise issues or	the CDCR 1824 that may cause t	the inmate injury or other serious harm while it is
Yes / Unsure (Complete Step	<u>لت ا</u>	s claim, assuming the claim is true. ne issues below are present) [Note: IAC may still
		on for RAP by completing Step 2]
-	te injury or other serious harm ir	•
Falling or the potential for	or falling. • Cannot safely oper bunk. • Seizure disord	
Workplace safety conce		on claims that may jeopardize safety.
<ul> <li>Inability to perform esse</li> </ul>	ntial manual tasks (e.g., access dir	ning hall, carry food tray, shower, use toilet).
• Maintenance, repair, or	replacement of health care applian	des which involve safety concerns
	AGPA	<u>12 / 18 / 23</u>
Person Completing Step 1	Title	Date Completed
STEP 2 CDCR 1824 INTERVIEWS	Note: Be sure to complete Step :	3 when Step 1 was "Yes/Unsure"
Date assigned: / /	Due back to IAC://	•
Assigned to:		
Information needed:		
	<u> </u>	
Note 2: IAC and/or RAP may assign to s	self and obtain information either te Location:	PP codes, DDP codes, TABE score, etc.) lephonically or in person.
Staff Interviewed:		Interview date: / /
Interviewer Notes:		
		Interview date: / //
Interviewer Notes:		
	TFICATIONS HOWEVER STATE	CATION ADMINISTRATION ON 12/16/2023 - FICULTIES. PREVIOUS 1824# 492884 D THE NEED WAS DUE TO GETTING WINDED
Interviewer (Print Name)		/ /
interviewer (Print Name)	Title	Signature Date Completed

	Case 4:94-cv-02307-CW Document 3630-9 Filed 10/16/24 Page 17 of 96 IAP / Interview Worksheet				
Inmate:			CDCR 182	4 Log #: <u>493631</u>	
An In	SION REGARDING WHETHER AN terim Accommodation IS NOT re-		ON IS NECESSARY	(See Note below)	
An In	terim Accommodation <u>IS require</u>				

Reason:

Accommodation(s) pro	vided:		Date provided: / /
			'' / /
		······	//
Comments:			<u> </u>
erson Completing Step 3	AGPA	Signature	<u>12 / 19 / 23</u> Date Completed

#### IAP processing instructions for the Appeals Coordinator

- Step 1 must always be completed prior to the initial RAP.
- Step 2 should be completed whenever the inmate's request is unclear, or when additional input from the inmate and/or staff will help the RAP better understand the request.
- If Step 1 is "Yes/Unsure," proceed to Steps 2 and/or 3. The interviews conducted in Step 2 will help with the decision in Step 3. Step 3 documents the decision. When the IAC is not able to complete steps 2 & 3 prior to the RAP (e.g. the request was received the day before the RAP) steps 2 and 3 may be completed during the RAP or shortly thereafter. Under no circumstances shall a decision regarding the need for an IAP exceed 5 working days.
- Consult with the ADA Coordinator when unsure which box to check in Step 1.
- Maintain ongoing communication with the ADA Coordinator regarding the interim accommodation process.

#### Step 2 Interviewer Instructions

- Your task is to obtain additional information that will assist the Reasonable Accommodation Panel (RAP) better understand
  issues raised by an inmate on a CDCR 1824, Reasonable Accommodation Request Form.
- Take a moment to read the CDCR 1824 and then review the information being requested in Step 2. If you need
  clarification, contact the Appeals Office or the ADA Coordinator.
- Interview the inmate who filed the CDCR 1824 and/or staff who may have knowledge about the inmate's request.
- Inmates often have difficulty expressing themselves in writing. Your interview notes should try to clarify what the problem is, and what the inmate wants (e.g., cane, lower bunk, shower chair, job modification, etc.).
- Reminder. Be sure to return this form to the Inmate Appeals Coordinator by the due date listed in Step 2.

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CDC #: PID #:

### CHSS035CDPP Disability/Accommodation SummaryMonday December 18, 2023 01:41:37 PM

As of: 12/18/2023

Name:

OFFENDER/PLACEMENT	DISABILITY ASSISTANCE
CDC#:	Current DDP Status: NCF
Name:	DDP Adaptive None
Facility: SATF-Facility F	Support Needs:
lousing Area/Bed: F 001	Current DDP Status Date: 10/23/2017
Placement Score: 19	DPP Codes: DPO
Custody Medium (A)	DPP Determination Date: 05/11/2023
Designation:	Current MH LOC: CCCMS
Housing Program: Non-Designated Program Facility	Current MH LOC Date: 08/09/2023
Housing Ground Floor-Limited Stairs	SLI Required:
Restrictions: Lower/Bottom Bunk Only	Interview Date:
Physical Transport Vehicle with Lift	Non-Formulary
Limitations to Special Cuffing Needed	Accommodations/Comments:
Job/Other: Permanent - 12/31/9999	Learning Disability:
	Initial Reading Level: 12.9
	Initial Reading Level Date: 10/30/2017
	Durable Medical Equipment: Air Cushion (for
	Wheelchair Seat)
	Canes
	Mobility Impaired
	Disability Vest
	Diabetic
	Supplies/Monitors
	Eyeglass Frames
	Incontinence Supplies
	Night Guard
	Therapeutic
	Shoes/Orthotics
	Walkers
	Wide Wheel Chair
	Languages Spoken:

#### IMPORTANT DATES

Date Received: 10/18/2017 Last Returned Date: Release Date: 08/27/2207 Release Type: Minimum Eligible Parole Date

#### WORK/VOCATION/PIA

Privilege Group: A Work Group: A1 AM Job Start 05/19/2021 Date: Status: Full Time Position #: AD1.001.007 Position Title: F B-1 ADA WORKER GROUP A Regular Days On: Monday through Friday (06:30:00 -10:00:00) Monday through Friday (10:30:00 -14:00:00) Case 4:94-cv-02307-CW Document 3630-9 Filed 10/16/24 Page 19 of 96

Disability Verification Process (DVP) Worksheet	INMATE'S NAME (Print)	CDCR 1824 LOG NUMBER
SIDE 1	CDCR NUMBER	493631

#### INSTRUCTIONS

- A SME Shall COMPLETE SECTION 1 prior to or during the INITIAL RAP.
- When the RAP needs more information, the ADA Coordinator shall complete Section 2 during the RAP and assign the DVP for Section 3 to be completed (See back of form).

Person completing worksheet: G. Ugwueze, MD       Title: CME         Type of Review:       Health care review       Mental Health review       Education / learning disability review         Image: CDC R 128-C2: dated:	SECTION 1 - SME FINDINGS		
Cher review:         File Review conducted. Documents obtained:         CDCR 1845       dated:       /_/       CDCR 7410 dated:       /_/       CDCR 128-C2: dated:       /_/         CDCR 7536       dated:       /_/       CDCR 7386: dated:       /_/       CDCR 7386: dated:       /_/         CDCR 128-C3: dated:       /_/       CDCR 7386: dated:       /_/       CDCR 7386: dated:       /_/         Other:        dated:       /       CDCR 7386: dated:       /         Other:        dated:       /       CDCR 7386: dated:       /         Recently evaluated for this issue.       Date seen:       /	Person completing worksheet: G. Ugwueze, MD	Title: CME	
File Review conducted. Documents obtained:	Type of Review: 🖌 Health care review 🗌 Menta	I Health review Education / learning disat	oility review
CDCR 1845       dated://_       CDCR 7410 dated:/_/_       CDCR 128-C2: dated:/_/_         CDCR 7536       dated:/_/_       CDC 7221-DME dated:/_/_       CDCR 7388: dated:/_/_         CDCR 128-C3: dated:/_/_       CDCR 7386: dated:/_/_       CDCR 7388: dated:/_/_       CDCR 7388: dated:/_/_         Other:       dated:/_/_       CDCR 7386: dated:/_/_       CDCR 7388: dated:/_/_       CDCR 7388: dated:/_/_         Other:       dated:/_/_       CDCR 7386: dated:/_/       CDCR 7388: dated:/_/_       CDCR 7388: dated:/_/_         Other:       dated:/_/_       Cother:       dated:/_/       CDCR 7388: dated:/_/         Pother:       dated:/_/       Cother:       dated:/_/         Disability evaluated for this issue.       Date seen:/_/	Other review:		
CDCR 1845       dated://_       CDCR 7410 dated:/_/_       CDCR 128-C2: dated:/_/_         CDCR 7536       dated:/_/_       CDC 7221-DME dated:/_/_       CDCR 7388: dated:/_/_         CDCR 128-C3: dated:/_/_       CDCR 7386: dated:/_/_       CDCR 7388: dated:/_/_       CDCR 7388: dated:/_/_         Other:       dated:/_/_       CDCR 7386: dated:/_/_       CDCR 7388: dated:/_/_       CDCR 7388: dated:/_/_         Other:       dated:/_/_       CDCR 7386: dated:/_/       CDCR 7388: dated:/_/_       CDCR 7388: dated:/_/_         Other:       dated:/_/_       Cother:       dated:/_/       CDCR 7388: dated:/_/         Pother:       dated:/_/       Cother:       dated:/_/         Disability evaluated for this issue.       Date seen:/_/	File Review conducted. Documents obtained:		
CDCR 128-C3: dated://_       CDCR 7386: dated:/_/_       CDCR 7388: dated:/_/_         Other:		410 dated: / / CDCR 128-C2: dated:	_//
Other:			
Recently evaluated for this issue.       Date seen:/_/         Evaluation (exam/interview) scheduled. Anticipated date to be seen:/_/         Disability indicated:       Yes         No       Unable to Determine         DPP: DPO         Summary of findings:       DME: Permanent: air cushion, cane, diabetic supplies/monitors, eyaglass, incontinence supplies, MID vest, therapeutic shoes, walker, wide wheelchair, night guard         Summary of limitations:       Special Cuffing, Transport Vehicle With Lift, Bottom Bunk, Ground Floor- Limited Stairs         Comments:       Patient does not have a documented hearing disability; patient is scheduled for hearing evaluation by PCP on 12/27/2023. On 12/17/23, pt failed to show up to med line for Suboxone. He showed up for morning and evening medication.         Signage of Subject Matter Expert       12/22.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.	CDCR 128-C3: dated: / / CDCR 7	386: dated: / / CDCR 7388: dated: _	_//
Evaluation (exam/Interview) scheduled. Anticipated date to be seen:	Other: dated: /	Other: dated:	//
DPP: DPO Summary of findings: DME: Permanent: air cushion, cane, diabetic supplies/monitors, eyeglass, incontinence supplies, MID vest, therapeutic shoes, walker, wide wheelchair, night guard Summary of limitations: Special Cuffing, Transport Vehicle With Lift, Bottom Bunk, Ground Floor- Limited Stairs Comments: Patient does not have a documented hearing disability; patient is scheduled for hearing evaluation by PCP on 12/27/2023. On 12/17/23, pt failed to show up to med line for Suboxone. He showed up for morning and evening medication.			
Summary of findings:       DME: Permanent: air cushion, cane, diabetic supplies/monitors, eyeglass, incontinence supplies, MID vest, therapeutic shoes, walker, wide wheelchair, night guard         Summary of limitations:       Special Cuffing, Transport Vehicle With Lift, Bottom Bunk, Ground Floor- Limited Stairs         Comments:       Patient does not have a documented hearing disability; patient is scheduled for hearing evaluation by PCP on 12/27/2023. On 12/17/23, pt failed to show up to med line for Suboxone. He showed up for morning and evening medication.         Signature of Subject Matter Expert       Date Signed	Disability indicated: Yes	to Determine	******
Stairs         Comments:       Patient does not have a documented hearing disability; patient is scheduled for hearing evaluation by PCP on 12/27/2023. On 12/17/23, pt failed to show up to med line for Suboxone. He showed up for morning and evening medication.         Signature of Subject Matter Expert       Image: Signed Table Sig	Summary of findings: <u>DMF: Permanent: air cust</u> incontinence supplies, MII		
evaluation by PCP on 12/27/2023. On 12/17/23, pt failed to show up to med line for Suboxone. He showed up for morning and evening medication.	Summary of limitations: Special Cuffing, Transpo Stairs	rt Vehicle With Lift, Bottom Bunk, Ground Floor-	Limited
	evaluation by PCP on 12/27/2023.	On 12/17/23, pt failed to show up to med line for	ing
		12(20)72	
	Signature of Subject Matter Expert		

## Exhibit 3

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#### REASONABLE ACCOMMODATION PANEL (RAP) RESPONSE

RAP Meeting Date:	10/04/2023	Date IAC	Received 1824:	10/2/2023	1824 Log Number: 4575	62
Inmate's Name:			CDCR #:		Housing: F2-	
RAP Staff Present:	ADA Coordinator	N. Scaife,	Health Program	Manager III	, Chief Medical Execu	utive G. Ugweze,
Psychologist Dr.	I, Health Care	Grievance	Representative	, Custody	Appeals Representative	, Dental
Representative	, Registered N	urse	, Staff Services	s Analyst	Education Representative	
Summary of Inmate	s 1824 Request:	The inmate	reports their table	et is broken. The inr	mate requests repair or replace	cement.

Interim Accommodation:

No interim accommodation required: You are not alleging a disability or requesting an accommodation to access Programs, Services, or Activities (PSA)s.

#### RAP RESPONSE:

RAP is able to render a final decision on the following: The inmate reports their tablet is broken. The inmate requests repair or replacement.

Response: On 5/20/2021, the RAP met and discussed your 1824, Reasonable Accommodation Request. The RAP reviewed your request and determined it is not a request for reasonable accommodation. You are encouraged to utilize the appropriate avenues to address requests or concerns. The inmate may submit a remedy ticket to Via Path through the kiosk. The California Department of Corrections and Rehabilitation (CDCR) is not responsible for issuing, servicing, or maintaining Via Path tablets.

If you disagree with this determination, you may submit a CDCR 602-2 and your concerns will be addressed through the Inmate Appeal Process. You are not alleging a disability or requesting an accommodation to access Programs, Services, or Activities (PSA)s.

Direction if dissatisfied: If you disagree with this decision and want to file an appeal/grievance, be sure to attach a copy of this response along with your CDCR 1824 as supporting documents. N. Scaife

Date sent to inmate:

ADA Coordinator/Designee

Signature '

#### STATE OF CALIFORNIA REASONABLE ACCOMMODATION REQUEST CDCR 1824 (Rev. 09/17)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

			Page 1 of 1
INSTITUTION (Staff use only)	· STSU2		DATE RECEIVED BY STAFF
***********TALK TO STAFF IF YO	U HAVE AN EMERGENC	Y****	OCT 0 2 2023
<b>DO NOT</b> use a CDCR 1824 to request healt may delay your access to health care. Ins	th care or to appeal a health o	are decision. This	
INMATE'S NAME (Print)	CDCR NUMBER	ASSIGNMENT SATF	HOUSING F-2-
<ul> <li>INSTRUCTIONS:</li> <li>You may use this form if you have a physic</li> <li>You may use this form to request a specific participate in a program, service or activity</li> <li>Submit this form to the Custody Appeals Control</li> <li>The 1824 process is intended for an individe</li> <li>The CDCR 1824 is a request process, not</li> <li>If you have received an 1824 decision that disagreeing with a medical diagnosis/treat</li> </ul>	c reasonable accommodation y. You may also use this form Office. dual's accommodation reques an appeal process. All CDC t you disagree with, you may a ment decision).	which, if approved to submit an allega st. Each individual's R 1824 requests wi	, will enable you to access and/or ation of disability-based discrimination. s request requires a case-by-case review. Il receive a response.
WHAT CAN'T YOU DO / WHAT IS THE <u>I HAVE ASKED FOR HELP</u> AND I CANT GET TIME NIGHT, MY CHARGER A <u>A NEW TA BLET PLEASE</u> WHY CAN'T YOU DO IT? <u>BECAUSE GTL DO</u> THE MAN SALD HE	TO GET GTL TO A		LET IM CCCMS USE KIOSK AT BEOKEN I WEED ACCESS LAST TEME REPLACE
WHAT DO YOU NEED? A WAY AND A WAY TO PLEASE	TO GET MY Y CHARGE IT	(Use the bac	Ck of this form if more space is needed)
DO YOU HAVE DOCUMENTS THAT D List and attach documents, if available:	ESCRIBE YOUR DISABIL	to cooperate m	No Not Sure
Last Name	First Name	eint	Signature

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#### STATE OF CALIFORNIA REASONABLE ACCOMMODATION REQUEST CDCR 1824 (Rev. 09/17)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

			Page 1 of 1
INSTITUTION (Staff use only)	LOG NUMBER (Staff Use C	Dnly)	DATE RECEIVED BY STAFF:
********** <b>TALK TO STAFF II</b> <u><b>DO NOT</b></u> use a CDCR 1824 to request may delay your access to health car		care decision. This	
INMATE'S NAME (Print)	CDCR NUMBER	ASSIGNMENT	HOUSING
<ul> <li>INSTRUCTIONS:</li> <li>You may use this form if you have a</li> <li>You may use this form to request a sparticipate in a program, service or a</li> <li>Submit this form to the Custody Appe</li> <li>The 1824 process is intended for an</li> <li>The CDCR 1824 is a request process</li> <li>If you have received an 1824 decision disagreeing with a medical diagnosis</li> </ul>	pecific reasonable accommodation ctivity. You may also use this form eals Office. individual's accommodation reque s, not an appeal process. All CDC n that you disagree with, you may	n which, if approved, w n to submit an allegati st. Each individual's r R 1824 requests will n	will enable you to access and/or on of disability-based discrimination. request requires a case-by-case review receive a response.
WHAT CAN'T YOU DO / WHAT IS	THE PROBLEM?	Standy in and	a tanin di ser yaki tanin
		1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 -	
	T. GECTAL ESTPL. B	<u>eneren en e</u>	F HEN TOLET I.
WHY CAN'T YOU DO IT?	ERE EX F	<u>1995 nafo</u> Me Auton	an can sign our <u></u>
WHAT DO YOU NEED?			
111			The part of the second
		(llos the beek	of this form if more space is needed)
		(Use the back	or this form if more space is needed)
DO YOU HAVE DOCUMENTS TH List and attach documents, if available		LITY? Yes 🗌	No 🗌 Not Sure 🗌
I understand that staff have a right to in	nterview or examine me, and my fa	ailure to cooperate ma	y cause this request to be disapproved.
INMA	TE'S SIGNATURE	DATE	SIGNED
Assistance in completing this form was	s provided by:		
Last Name	First Name		Signature

## Case 4:94-cv-02307-CW Document 3630-9 Filed 10/16/24 Page 24 of 96 DRAFT Interim Accommodation Procedure (IAP) / Interview Worksheet

Upon receipt of a CDCR 1824, the Institution Appeals Coordinator (IAC) <u>shall complete Step 1 below within 1 working day</u>. Step 2 should be completed whenever the inmate's request is unclear or when additional input from the inmate and/or staff will help the RAP better understand the request.

STEP 1 INTERIM ACCOMMODATION ASSESSMENT       Date CDCR 1824 received by IAC: 10 / 02/ / 0203         Does the Immate raise issues on the CDCR 1824 that may cause the Immate injury or other serious harm while it is being processed? Base your assessment solely on the Immate's claim, assuming the claim is true.	Inmate:	CDCR #:	CDCR 1824 Lo	g #:
being processed?       Base your assessment solely on the immate's claim, assuming the claim is true.         Yes / Unsure (Complete Sieps 2 &0 a)       No (None of the issues below are present) (Note: IAC may still dotain information for RAP by completing Site 2)         Issues that may cause the immate injury or other serious harm include, but are not limited to:       • Failing or the potential for failing. • C cannot safely navigate stars.         • Cannot safely access upper bunk.       • Seizure disorder and is assigned an upper bunk.         • Workplace safety concerns.       • Hearing or vision claims that may jeopartize safely.         • Inability to perform essential manual tasks (e.g. access diming hall, carry food tray, shower, use tollet).         • Maintenance, repair, or replacement of health care appliances which involve safety concerns.         N. SCAIFE       ADAC         Person Completing Step 1       Title         Signature       Date Completed         SteP 2 CDCR 1824 INTERVIEWS       Note: Be sure to complete Step 3 when Step 1 was "Yesi/Unsure"         Date assigned:	STEP 1 INTERIM ACCOMMODATION ASSE	SSMENT [	Date CDCR 1824 received b	y IAC: 10 / 02/ / 2023
Yes / Unsure (Complete Steps 2 & lor 3)				
Image: State in the injury or other serious harm information for RAP by completing Step 2]         Issues that may cause the inmate injury or other serious harm include, but are not limited to:         • Falling or the potential for falling.       • Cannot safely navigate states.         • Cannot safely access upper bunk.       • Seizure disorder and is assigned an upper bunk.         • Workplace safety concerns.       • Hearing or vision claims that may jeopardize safety.         • Inability to perform essential manual tasks (e.g., access dining hall, carry food tray, shower, use toilet).       • Maintenance, repair, or replacement of health care appliances which involve safety concerns.         N. SCAIFE       ADAC       10 / 2 / 2023         Person Completing Step 1       Title       Signature         Date Completed       Date Completed         STEP 2       CDCR 1824 INTERVIEWS       Note: Be sure to complete Step 3 when Step 1 was "Yes/Unsure"         Date assigned:				
Issues that may cause the immate injury or other serious harm include, but are not limited to:	Yes / Unsure (Complete Steps )			
Cannot safely access upper bunk.     Seizure disorder and is assigned an upper bunk.     Workplace safety concerns.     Hearing or vision claims that may leppardize safety.     Inability to perform essential manual tasks (e.g., access dining hall, carry food tray, shower, use toilet).     Maintenance, repair, or replacement of health care appliances which involve safety concerns.     N. SCAIFE <u>ADAC</u> <u>10 / 2 / 2023</u> Person Completing Step 1 Tritle Signature <u>10 / 2 / 2023</u> Date Completed  STEP 2 CDCR 1824 INTERVIEWS Note: Be sure to complete Step 3 when Step 1 was "Yes/Unsure" Date assigned: Due back to IAC:/ Returned to IAC:/ Assigned to: Tritle: Tritle: Tritle: Information needed: Note 1: Attach a DECS printout listing immate's current status (including DPP codes, DDP codes, TABE score, etc.) Note 2: IAC and/or RAP may assign to self and obtain information either telephonically or in person. Inmate Interview Date/Time: Location:	Issues that may cause the inmate			
Workplace safety concerns.     Hearing or vision claims that may jeopardize safety.     Inability to perform essential manual tasks (e.g., access dining hall, carry food trizy, shower, use toilet).     Maintenance, repair, or replacement of health care appliances which involve safety concerns.     N. SCAIFEADAC10 / 2 / 2023     Person Completing Step 1Title				
Inability to perform essential manual tasks (e.g., access dining hall, carry food tray, shower, use toilet).     Maintenance, repair, or replacement of health care appliances which involve safety concerns.     N. SCAIFE <u>ADAC</u> <u>10 / 2 / 2023</u> Person Completing Step 1 Title Signature <u>Date Completed</u> STEP 2 CDCR 1824 INTERVIEWS Note: Be sure to complete Step 3 when Step 1 was "Yes/Unsure" Date assigned: I Due back to IAC:/ Returned to IAC:/ Assigned to: Title Title:				
Maintenance, repair, or replacement of health care appliances which involve safety concerns. <u>N. SCAIFE ADAC 10 / 2 / 2023</u> Person Completing Step 1 Title Signature Date Completed  STEP 2 CDCR 1824 INTERVIEWS Note: Be sure to complete Step 3 when Step 1 was "Yes/Unsure" Date assigned: Due back to IAC:/ Returned to IAC:/ Assigned to: Title: Title: Information needed: Note 1: Attach a DECS printout listing inmate's current status (including DPP codes, DDP codes, TABE score, etc.) Note 2: IAC and/or RAP may assign to self and obtain information either telephonically or in person. Immate Interview Date/Time: Location:				
N. SCAIFE       ADAC       10 / 2 / 2023         Person Completing Step 1       Title       Signature       Date Completed         STEP 2       CDCR 1824 INTERVIEWS       Note: Be sure to complete Step 3 when Step 1 was "Yes/Unsure"         Date assigned:       /       /       /       /       /         Date assigned:       /       /       Due back to IAC:       /       Returned to IAC:       /       /         Assigned to:			· · · · · · · · · · · · · · · · · · ·	
Person Completing Step 1       Title       Signature       Date Completed         STEP 2       CDCR 1824 INTERVIEWS       Note: Be sure to complete Step 3 when Step 1 was "Yes/Unsure"         Date assigned:       /       /       /       /       /       /         Staf signed to:				
Date assigned:       / _ / _ / _ Due back to IAC:       / _ / _ Returned to IAC:       / _ / _ / _ / _ / _ / _ / _ / _ / _ / _	Person Completing Step 1	Title	Signature	
Date assigned:       / _ / _ / _ Due back to IAC:       / _ / _ Returned to IAC:       / _ / _ / _ / _ / _ / _ / _ / _ / _ / _				
Assigned to:				
Information needed:				
Note 1: Attach a DECS printout listing inmate's current status (including DPP codes, DDP codes, TABE score, etc.)         Note 2: IAC and/or RAP may assign to self and obtain information either telephonically or in person.         Inmate Interview Date/Time:Location:				
Note 2: IAC and/or RAP may assign to self and obtain information either telephonically or in person.  Immate Interview Date/Time:Location:Interview Date/Time:Interviewer notes:  Staff Interviewed:Title:Interview date:// Interviewer Notes:Title:Interview date://  Staff Interviewed:Title:Interview date:// Interviewer Notes:Title:Interview date:// Interviewer Notes:Title:Interview date:// Notes:NOT ALLEGING A DISABILITY OR REQUESTING AN ACCOMMODATION TO ACCESS PSA'S	Information needed:		and a second	
Note 2: IAC and/or RAP may assign to self and obtain information either telephonically or in person.  Immate Interview Date/Time:Location:Interview Date/Time:Interviewer notes:  Staff Interviewed:Title:Interview date:// Interviewer Notes:Title:Interview date://  Staff Interviewed:Title:Interview date:// Interviewer Notes:Title:Interview date:// Interviewer Notes:Title:Interview date:// Notes:NOT ALLEGING A DISABILITY OR REQUESTING AN ACCOMMODATION TO ACCESS PSA'S				
Note 2: IAC and/or RAP may assign to self and obtain information either telephonically or in person.  Immate Interview Date/Time:Location:Interview Date/Time:Interviewer notes:  Staff Interviewed:Title:Interview date:// Interviewer Notes:Title:Interview date://  Staff Interviewed:Title:Interview date:// Interviewer Notes:Title:Interview date:// Interviewer Notes:Title:Interview date:// Notes:NOT ALLEGING A DISABILITY OR REQUESTING AN ACCOMMODATION TO ACCESS PSA'S				
Inmate Interview Date/Time:       Location:         Interviewer notes:	Note 1: Attach a DECS printout listing inm	ate's current status (includir	g DPP codes, DDP codes,	TABE score, etc.)
Interviewer notes:	Note 2: IAC and/or RAP may assign to se	If and obtain information eith	er telephonically or in perso	n.
Staff Interviewed:	Inmate Interview Date/Time:	Locati	on:	
Interviewer Notes:	Interviewer notes:			
Interviewer Notes:				
Interviewer Notes:				
Staff Interviewed:	Staff Interviewed:	Title:	Inter	view date: / /
Staff Interviewed:	Interviewer Notes:			
Staff Interviewed:				
Interviewer Notes: I/M IS NOT ALLEGING A DISABILITY OR REQUESTING AN ACCOMMODATION TO ACCESS PSA'S. I/M MAY SUBMIT REMEDY TICKET TO GTL. CDCR IS NOT RESPONSIBLE FOR ISSUING, SERVICING, OR MAINTAINING GTL TABLETS. Notes: Interviewer (Print Name)				
	Staff Interviewed:	Title:	Inter	view date: / /
SERVICING, OR MAINTAINING GTL TABLETS.         Notes:	Interviewer Notes: I/M IS NOT ALLEGING	A DISABILITY OR REQUE	STING AN ACCOMMODAT	ION TO ACCESS PSA'S.
Notes:			CR IS NOT RESPONSIBLE	FOR ISSUING,
	SERVICING, OR MAIN	TAINING GTL TABLETS.		
Interviewer (Print Name) Title Signature Date Completed	Notes:			
Interviewer (Print Name) Title Signature Date Completed				
Interviewer (Print Name) Title Signature Date Completed				
Interviewer (Print Name) Title Signature Date Completed				/ /
	Interviewer (Print Name)	Title	Signature	Date Completed

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Inma	ate:	CDCR #:	CDCR 1824 Log #:	
Step 3	3: DECISION REGARDING WHETHER A	N INTERIM ACCOMMO	DDATION IS NECESSARY (See Note	below)
	An Interim Accommodation IS NOT	required.		
	Reason:			
	An Interim Accommodation IS requi	red.		
	Reason:			
	Accommodation(s) provided:			Date provided: / /
				//
	Comments:			
_				//
	Person Completing Step 3	Title	Signature	Date Completed
Note: \	When information is unable to prove or dispr	rove a claim, consider a	an interim accommodation as a precau	itionary measure.

#### IAP processing instructions for the Appeals Coordinator

- Step 1 must always be completed prior to the initial RAP.
- Step 2 should be completed whenever the inmate's request is unclear, or when additional input from the inmate and/or staff will help the RAP better understand the request.
- If Step 1 is "Yes/Unsure," proceed to Steps 2 and/or 3. The interviews conducted in Step 2 will help with the decision in Step 3. Step 3 documents the decision. When the IAC is not able to complete steps 2 & 3 prior to the RAP (e.g, the request was received the day before the RAP) steps 2 and 3 may be completed during the RAP or shortly thereafter. Under no circumstances shall a decision regarding the need for an IAP exceed 5 working days.
- Consult with the ADA Coordinator when unsure which box to check in Step 1.
- Maintain ongoing communication with the ADA Coordinator regarding the interim accommodation process.

#### Step 2 Interviewer Instructions

- Your task is to obtain additional information that will assist the Reasonable Accommodation Panel (RAP) better understand issues raised by an inmate on a CDCR 1824, Reasonable Accommodation Request Form.
- Take a moment to read the CDCR 1824 and then review the information being requested in Step 2. If you need clarification, contact the Appeals Office or the ADA Coordinator.
- Interview the inmate who filed the CDCR 1824 and/or staff who may have knowledge about the inmate's request.
- Inmates often have difficulty expressing themselves in writing. Your interview notes should try to clarify what the problem is, and what the inmate wants (e.g., cane, lower bunk, shower chair, job modification, etc.).
- Reminder. Be sure to return this form to the Inmate Appeals Coordinator by the due date listed in Step 2.

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#### Name:

### CHSS035CDPP Disability/Accommodation SummaryMonday October 02, 2023 01:46:39 PM

CDC #: PID #:

As of: 10/02/2023

OFFENDER/PLACEMENT	DISABILITY ASSISTANCE
CDC#:	Current DDP Status: NCF
Name:	DDP Adaptive None
Facility: SATF-Facility F	Support Needs:
Housing F 002	Current DDP Status Date: 06/25/2002
Area/Bed:	DPP Codes: DPO
Placement 42	DPP Determination Date: 04/20/2023
Score:	Current MH LOC: CCCMS
Custody Medium (A)	Current MH LOC Date: 05/19/2021
Designation:	SLI Required:
Housing Non-Designated Program Facility	Interview Date:
Program: Housing Ground Floor-No Stairs	Non-Formulary
Restrictions: Lower/Bottom Bunk Only	Accommodations/Comments:
	Learning Disability:
Physical Limited Wheelchair User	Initial Reading Level: 06.0
Limitations to Special Cuffing Needed	Initial Reading Level Date: 02/23/2021
Job/Other: No Rooftop Work	Durable Medical Equipment: Ankle Foot
Permanent - 12/31/9999	Orthoses/Knee Ankle
	Foot Orthoses
	(AFO/KAFO)
	Wrist Support Brace
	Compression Stocking
	Mobility Impaired
	Disability Vest
	Diabetic
	Supplies/Monitors
	Eyeglasses for Aphakia
	Incontinence Supplies
	Pressure Reducing
	Support Services-Group
	1,2 & 3 (Mattress)
	Night Guard
	Other (Include in
	Comments)
	Therapeutic
	Shoes/Orthotics
	Walkers
	Wheelchair
	Wound Care Dressings
	Languages Spoken:
IMPORTANT DATES Date Received: 10/01/2020	WORK/VOCATION/PIA
	Privilege Group: A
Last Returned	Work Group: A1
Data	AM Job Start 09/18/2023
Date:	
Release Date: 11/16/2028	Date:
	Date: Status: Reentry
Release Date: 11/16/2028	Date: Status: Reentry Position #: CB2.020.011
Release Date: 11/16/2028	Date: Status: Reentry Position #: CB2.020.011 Position Title: F DRP CB2-1 F2-B-160
Release Date: 11/16/2028	Date: Status: Reentry Position #: CB2.020.011

# Exhibit

#### REASONABLE ACCOMMODATION PANEL (RAP) RESPONSE

RAP Meeting Date: 11/1/2023	Date IAC Received 1824: 10/25/2023	1824 Log Number: 469166
Inmate's Name:	CDCR #:	Housing: D1
Nurse Psychologist Dr.	r N. Scaife, Health Program Manager III Health Care Grievance Representative rogram Analyst	
Summary of Inmate's 1824 Request requests a tablet.	st: The alleges suffering from anxiety and depre	ession due to being without a tablet. The inmate

#### Interim Accommodation:

No interim accommodation required: You are safely accessing programs, services, and activities.

#### **RAP RESPONSE:**

RAP is unable to render a final decision on the following: The alleges suffering from anxiety and depression due to being without a tablet.

Response: On 11/01/2023, the RAP met and discussed your 1824, Reasonable Accommodation Request.

The RAP reviewed your request and determined it is not a request for reasonable accommodation. Your request was forwarded to Mental Health (MH) Services for reports of anxiety and depression, and routine consult. Per Operational Procedure (OP) 526, GTL will provide all equipment, infrastructure, hardware, and software. GTL will provide all maintenance and operational support for the entire term of the contract. You are encouraged to utilize the appropriate avenues to address requests or concerns, such as utilizing the GTL kiosk to request a tablet.

Due to its nature, your request was forwarded to Mental Health Services for input. Mental Health Services provided the RAP with a Disability Verification Process (DVP) Worksheet indicating you were seen on 10/23/2023 and 10/24/2023 by Dr. at which time you expressed the same concerns contained in this 1824 regarding depression and frustration with lack of a tablet. You were informed that the tablets remain on back order. Due to your reported symptoms, you were placed back into the Correctional Clinical Case Management System (CCCMS) level of care on 10/24/2023.

Dr. placed orders for you to receive a MH assessment and an Interdisciplinary Treatment Team (IDTT) now that you have been re-introduced in the Mental Health Services Delivery System (MHSDS). Your MH will be monitored for any changes or worsening in your symptoms and chart review indicates you are capable of completing the 7362 processes independently if you require MH support as needed (PRN).

You are encouraged to utilize the appropriate avenues to address issues, such as submitting a 7362 to Mental Health Services for any mental health related requests. If you are dissatisfied or disagree with the treatment being provided by Mental Health Services, you may submit a 602HC and your concerns will be addressed through the Health Care Grievance Process. If you disagree with this determination, you may submit a CDCR 602-2 and your concerns will be addressed through the Inmate Appeal Process.

Direction if dissatisfied: If you disagree with this decision and want to file an appeal/grievance, be sure to attach a copy of this response along with your CDCR 1824 as supporting documents.

N. Scaife

Date sent to inmate:

NOV 2 1 2023

ADA Coordinator/Designee

Signature

### Case 4:94-cv-02307-CW Document 3630-9 Filed 10/16/24 Page 29 of 96

#### STATE OF CALIFORNIA REASCNABLE ACCOMMODATION REQUEST CDCR 1824 (Rev. 09/17)

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DEPARTMENT OF CORRECTIONS AND REHABILITATION

··· ·· - · -----

INSTITUTION (Staff use only)				Page 1 of 1
SATT	LOG NUMBER (Staff Use On 469 166			IVED BY STAFF:
TALK TO STAFF IF YO	U HAVE AN EMERGENCY			OF GRIE
DO NOT use a CDCR 1321 to request healt	h care or lé appeal a health ca	re decision. This	5 5 5053 G	, 7 (na
may delay your access to her in care it s	bad, submit a CDC 7362 or a	CDCR 602-HO		2 TÚÚ
INMATE'S NAME (Print)	CDCR NUMBER	ASSIG NMENT	OFFICE	HOUSING
		ADA WO	RKER	·D - I -
INSTRUCTIONS:				
• You may use this form if you have a physic	al or mental disability or if you	believe you have	a physical or r	mentai disability.
I • You mey use inits form to request a specific	Pasonable accommodation v	which, if annoved	will enable w	to concer and an
<ul> <li>sartic pate in a program, service or activity.</li> <li>Submit this form to the Custody Appeals C</li> </ul>	. Tou may also use this form to ffice	o submit an allegi	ation of disabili	ty-based discrimination.
The 1924 process is intended for an individ     The COCD 1991 is a manual for an individ	URS accommodation requiest	Each individual		
I THE COURT 1024 IS a request process, not a	en adoeal drocess. All CDCR	1824 requests tait	I receive a rea	20000
• If you have received an 1824 decision that	you disagree with, you may su	bmit an appeal ((	DCR 602. or (	CDCR 802-HC If you are
cisagreeing with a medical diagnosis/treatm	nent decision).			
WHAT CAN'T YOU DO / WHAT IS THE	PROBLEM?	······································		
IM A TUPLEC	INMATE WHO	15 5	FFF121	NG FROM
DEPRESSION - AND	ANX1+1/ DUI		OT DH	
TO SPEAK TO MY CH	-ILDIZEN BECCH		DENT	HAVE A
	CKED DOWN		TEN TH	
GREAK OP MESSAGE A		E CALL		
WHY CAN'T YOU DO IT?				
	TABLET			
WHAT DO YOU NEED?		····		
	BET		<b> </b>	
· · · · · · · · · · · · · · · · · · ·				
				<u> </u>
		4 so the hee	i of this to 4	
	· · · · · · · · · · · · · · · · · · ·		k ur ir:is ionn li	f more space is needed)
DO YOU HAVE DOCUMENTS THAT DE	SCRIBE YOUR DISABILIT	Y? Yes		Not Sure
List and attach documents, if available:				
I uncerstand that staff have a right to interview	1			
				equest to be disapproved.
			-23	<u> </u>
A		DATE	SIGNED	
Assistance in completing this form was provide	ed by:	_		
		·		
Last Name	First Name		Signatu	re

## Case 4:94-cv-02307-CW Document 3630-9 Filed 10/16/24 Page 30 of 96 DRAFT Interim Accommodation Procedure (IAP) / Interview Worksheet

Upon receipt of a CDCR 1824, the Institution Appeals Coordinator (IAC) <u>shall complete Step 1 below within 1 working day</u>. Step 2 should be completed whenever the inmate's request is unclear or when additional input from the inmate and/or staff will help the RAP better understand the request.

Inmate:	CDCR #:	CDCR 1824 Log #: 469166
STEP 1 INTERIM ACCOMMODATION A	SSESSMENT Date CD(	CR 1824 received by IAC: <u>10 / 25 / 23</u>
	on the CDCR 1824 that may cause the <b>i</b> assessment solely on the inmate's cla	inmate injury or other serious harm while it is aim, assuming the claim is true.
Yes / Unsure (Complete Str		sues below are present) [Note: IAC may still or RAP by completing Step 2]
-	nate injury or other serious harm inclue	
Falling or the potential		-
Cannot safely access     Workplace safety cond	upper bunk. • Seizure disorder an erns • Hearing or vision c	no is assigned an upper bunk. claims that may jeopardize safety.
	sential manual tasks (e.g., access dining	
-	r replacement of health care	safety concerns.
	AGPA	10 / 25 / 23
Person Completing Step 1	Title Si	gnature Date Completed
STEP 2 CDCR 1824 INTERVIEWS	Note: Be sure to complete Step 3 wh	en Step 1 was "Yes/Unsure"
Date assigned: / /	Due back to IAC: / / /	Returned to IAC://
Assigned to:		
Note 1: Attach a DECS printout listing Note 2: IAC and/or RAP may assign to	inmate's current status (including DPP c o self and obtain information either teleph Location:	nonically or in person.
Note 1: Attach a DECS printout listing Note 2: IAC and/or RAP may assign to Inmate Interview Date/Time:	o self and obtain information either teleph	nonically or in person.
Note 1: Attach a DECS printout listing Note 2: IAC and/or RAP may assign to Inmate Interview Date/Time: Interviewer notes:	o self and obtain information either teleph	nonically or in person.
Note 1: Attach a DECS printout listing Note 2: IAC and/or RAP may assign to Inmate Interview Date/Time: Interviewer notes: Staff Interviewed:	o self and obtain information either teleph	nonically or in person.
Note 1: Attach a DECS printout listing Note 2: IAC and/or RAP may assign to Inmate Interview Date/Time: Interviewer notes: Staff Interviewed:	o self and obtain information either teleph Location: Title:	nonically or in person.
Note 1: Attach a DECS printout listing Note 2: IAC and/or RAP may assign to Inmate Interview Date/Time:	o self and obtain information either teleph Location: Title:	nonically or in person.
Note 1: Attach a DECS printout listing Note 2: IAC and/or RAP may assign to Inmate Interview Date/Time:	o self and obtain information either teleph Location: Title:	interview date:       //         interview date:       //
Note 1: Attach a DECS printout listing Note 2: IAC and/or RAP may assign to Inmate Interview Date/Time:	> self and obtain information either teleph          Location:          Title:          Title:          Title:	interview date:       //         interview date:       //
Note 1: Attach a DECS printout listing         Note 2: IAC and/or RAP may assign to         Inmate Interview Date/Time:	Self and obtain information either teleph     Location:     Location:     Title:     Title:	
Note 1: Attach a DECS printout listing         Note 2: IAC and/or RAP may assign to         Inmate Interview Date/Time:	Self and obtain information either teleph     Location:     Location:     Location:     Title:     Title:	Interview date: / Interview date: / / interview date: / / EPRESSION; OOG FORWARDED TO MH

nate:	CDCR #:	CDCR 1824 Lo	g #: <u>469166</u>
p 3: DECISION REGARDING W	HETHER AN INTERIM ACCOMMODATIO	N IS NECESSARY (See	Note below)
An Interim Accommodatio	n <u>IS NOT required</u> .		
Reason:			
An Interim Accommodatio	on <b>IS required</b> .		
Reason:		·····	
Accommodation(s) prov	vided:		Date provided: / /
Accommodation(s) prov	vided:		Date provided: /// ///
	vided:		

Document 2620.0

Filed 10/16/24

Dogo 21 of 06

#### IAP processing instructions for the Appeals Coordinator

• Step 1 must always be completed prior to the initial RAP.

100 A.04 OV 02207 CIM

- Step 2 should be completed whenever the inmate's request is unclear, or when additional input from the inmate and/or staff will help the RAP better understand the request.
- If Step 1 is "Yes/Unsure," proceed to Steps 2 and/or 3. The interviews conducted in Step 2 will help with the decision in Step 3. Step 3 documents the decision. When the IAC is not able to complete steps 2 & 3 prior to the RAP (e.g, the request was received the day before the RAP) steps 2 and 3 may be completed during the RAP or shortly thereafter. Under no circumstances shall a decision regarding the need for an IAP exceed 5 working days.
- Consult with the ADA Coordinator when unsure which box to check in Step 1.
- Maintain ongoing communication with the ADA Coordinator regarding the interim accommodation process.

#### Step 2 Interviewer Instructions

- Your task is to obtain additional information that will assist the Reasonable Accommodation Panel (RAP) better understand issues raised by an inmate on a CDCR 1824, Reasonable Accommodation Request Form.
- Take a moment to read the CDCR 1824 and then review the information being requested in Step 2. If you need
  clarification, contact the Appeals Office or the ADA Coordinator.
- Interview the inmate who filed the CDCR 1824 and/or staff who may have knowledge about the inmate's request.
- Inmates often have difficulty expressing themselves in writing. Your interview notes should try to clarify what the problem is, and what the inmate wants (e.g., cane, lower bunk, shower chair, job modification, etc.).
- Reminder. Be sure to return this form to the Inmate Appeals Coordinator by the due date listed in Step 2.

Case 4:94-cv-02307-CW Document 3630-9 Filed 10/16/24 Page 32 of 96

CHSS035CDPP Disability/Accommodation Summary<sup>Wednesday October 25, 2023 02:24:33 PM</sup>

As of: 10/25/2023

OFFENDER/PLACEMENT	DISABILITY ASSISTANCE
CDC#:	Current DDP Status: NCF
Name:	DDP Adaptive None
Facility: SATE-Facility D	Support Needs:
Housing Area/Bed: D 001	Current DDP Status Date: 11/05/2020
Placement Score: 77	DPP Codes:
Custody Designation: Medium (A)	DPP Determination Date:
Housing Program: Sensitive Needs Yard	Current MH LOC: CCCMS
Housing Restrictions:	Current MH LOC Date: 10/24/2023
Physical Limitations to	SLI Required:
Job/Other:	Interview Date:
	Non-Formulary
	Accommodations/Comments:
	Learning Disability:
	Initial Reading Level: 04.0
	Initial Reading Level Date: 11/04/2021
	Durable Medical Equipment:
	Languages Spoken:

#### IMPORTANT DATES

Date Received: 11/03/2020 Last Returned Date: Release Date: 11/11/2058 Release Type: Minimum Eligible Parole Date

#### WORK/VOCATION/PIA

Privilege Group: A Work Group: A1 AM Job Start 01/28/2022 Date: Status: Full Time Position #: AD2.002.004 Position Title: D B-2 ADA WORKER GROUP B Regular Days On: Sun, Wed, Thu, Fri, Sat (13:00:00 -16:45:00) Sun, Wed, Thu, Fri, Sat (17:30:00 -20:30:00)

# Exhibit

#### REASONABLE ACCOMMODATION PANEL (RAP) RESPONSE

RAP Meeting Date: 12/13/2023	Date IAC Received 1824: 12/11/2023	1824 Log Number: 490965
Inmate's Name:	CDCR #:	Housing: F1
RAP Staff Present: ADA Coordinat	tor N. Scaife, Chief Medical Executive G. Ugwuez	e, Psychologist Dr. <b>11 100</b> , Health Care Grievance
Representative in Figure , Custody A	ppeals Representative in the Associate Gove	rnmental Program Analyst in the staff Services
Analyst in the Analyst in the Analyst in the Analyst in the Analysis of Analysis and Ana	nalyst <b>in the second</b> , Education Representative <b>in the</b>	, Field Training Lieutenant
Summary of Inmate's 1824 Reque	st: Inmate reports being hearing impaired; Inmate	requests an iPad.

#### Interim Accommodation:

No interim accommodation required: You are not alleging a disability or requesting an accommodation to access Programs, Services, or Activities (PSA)s.

#### **RAP RESPONSE:**

RAP is able to render a final decision on the following: Inmate reports being hearing impaired; Inmate requests an iPad.

Response: On 12/13/2023, the RAP met and discussed your 1824, Reasonable Accommodation Request.

You do not have a severe hearing impairment impacting placement. You are accommodated with hearing aids, pocket talker, CART service during due process events and access to the caption phone. Your current Effective Communication (EC) methods of staff speaking loudly and clearly, and written notes are sufficient to maintain EC during due process and all general communication. You do not require an iPad with live captioning to access PSA's.

You are encouraged to utilize the appropriate avenues to address requests or concerns. If you disagree with this determination, you may submit a CDCR 602-2 and your concerns will be addressed through the Inmate Appeal Process.

Direction if dissatisfied: If you disagree with this decision and want to file an appeal/grievance, be sure to attach a copy of this response along with your CDCR 1824 as supporting documents.

N. Scaife

1. 5-

Date sent to inmate:

JAN 0 9 2024

ADA Coordinator/Designee

Signature

## Case 4:94-cv-02307-CW Document 3630-9 Filed 10/16/24 Page 35 of 96 REASONABLE ACCOMMODATION REQUEST DEPARTMENT OF CORRECTIONS CDCR 1824 (Page 494-7)

## CDCR 1824 (Rev. 09/17)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

INSTITUTION (Staff use only)				Page 1 of 1
	LOG NUMBER (Staff Use Of 490905	1 <b>ly)</b>		EIVED BY STAFF:
**************************************		-	rf office	
DO NOT use a CDCR 1824 to request hea	DO NOT use a CDCR 1824 to request health care or to appeal a health care decision. This		սեն	; 1 1 <b>2023</b>
may delay your access to health care. In	stead, submit a CDC 7362 or a	CDCR 602-HC	BEC	, I L L'ELE
INMATE'S NAME (Print)		ABBIGNIMENT		HOUSING
		ADA 4ww	JORKER	
INSTRUCTIONS:				17
<ul> <li>You may use this form if you have a phys</li> <li>You may use this form to request a specific participate in a program, service or activity</li> <li>Submit this form to the Custody Appeals (</li> <li>The 1824 process is intended for an individent of the CDCR 1824 is a request process, note if you have received an 1824 decision that disagreeing with a medical diagnosis/treat</li> <li>WHAT CAN'T YOU DO / WHAT IS THE CAN'T PROPERLY COMMUNICATION IS WRY</li> </ul>	y. You may also use this form to Diffice. idual's accommodation request. It an appeal process. All CDCR it you disagree with, you may subment decision). E PROBLEM?	which, if approved, o submit an allega . Each individual's 1824 requests will ibmit an appeal (C	will enable y tion of disab request request re	you to access and/or illity-based discrimination uires a case-by-case ravi sponse. CDCR 602-HC if you an
WHY CAN'T YOU DO IT? <u>CAN'T ALWAYS PROPER</u> HEARING.	LLY COMMUNICATE	WITH INM	LATES OF	r staff due to
WHAT DO YOU NEED? I'M REQUESTING I	-PAD/I-PHONE FO	r written	NOTE	Communicatio
		(Use the back	of this form i	f more space is needed)
DO YOU HAVE DOCUMENTS THAT DE	E MEDICAL FL		No 🗋	Not Sure []]
Understand that stoff house a solution to				
understand that staff have a right to interview INKTATE'S S Assistance in completing this form was provide	IGNATURE	to cooperate may	·2023	equest to be disapproved
Last Name	First Name	·····	Signatur	

## Case 4:94-cv-02307-CW Document 3630-9 Filed 10/16/24 Page 36 of 96 DRAFT Interim Accommodation Procedure (IAP) / Interview Worksheet

Upon receipt of a CDCR 1824, the Institution Appeals Coordinator (IAC) <u>shall complete Step 1 below within 1 working day</u>. Step 2 should be completed whenever the inmate's request is unclear or when additional input from the inmate and/or staff will help the RAP better understand the request.

Inmate: CDCR #: CDCR 1824 Log #: 490965				
STEP 1 INTERIM ACCOMMODATION ASS	ESSMENT	Date CDCR 1824 received by	/ IAC: <u>12 / 11 / 23</u>	
Does the inmate raise issues on the CDCR 1824 that may cause the inmate injury or other serious harm while it is				
being processed? Base your assessment solely on the inmate's claim, assuming the claim is true.				
Yes / Unsure (Complete Steps 2 &/or 3) obtain information for RAP by completing Step 2]				
Issues that may cause the inmat		• •		
<ul> <li>Falling or the potential fo</li> </ul>	-	afely navigate stairs.		
Cannot safely access up	•	lisorder and is assigned an up	•	
Workplace safety concer     Inability to perform esser	-	or vision claims that may jeop ss dining hall, carry food tray	•	
		opliances which involve safety		
	AGPA		12 / 11 / 23	
Person Completing Step 1	Title	Signature	Date Completed	
STEP 2 CDCR 1824 INTERVIEWS		Ster 2 when Ster 4 was (Mar)		
	•	Step 3 when Step 1 was "Yes/		
Date assigned://	Due back to IAC:/		to IAC://	
Assigned to: Information needed:				
	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	
	· · ·			
			· · · · · · · · · · · · · · · · · · ·	
Note 1: Attach a DECS printout listing in				
Note 2: IAC and/or RAP may assign to s				
Inmate Interview Date/Time:				
Interviewer notes:	·		<u> </u>	
·		· · · · · · · · · · · · · · · · · · ·		
	<b></b>		· · · · · · ·	
Staff Interviewed:			view date: / /	
Interviewer Notes:				
Ctoff Intomiowed:				
Staff Interviewed:			view date:///	
Interviewer Notes:				
		<u> </u>	,,,,,,,	
Notes: ADAC WILL REVIEW REQUES				
Interviewer (Print Name)	Title	Signature	Date Completed	

	IAP / Interview Wo		(00007
ate:	CDCR #:	CDCR 1824 Log :	#: <u>490965</u>
3: DECISION REGARDING W	HETHER AN INTERIM ACCOMMODATI	ON IS NECESSARY (See No	te below)
An Interim Accommodation	on <u>IS NOT required</u> .		
Reason:			·
An Interim Accommodation	on IS required	····· · · · · ·	**** •
Accommodation(s) pro	vided:		Date provided:
· <u>····································</u>			//
	· · · · · · · · · · · · · · · · · · ·		//
Comments:			
· · · · · · · · · · · · · · · · · · ·	AGPA		12 / 12 / 23
	<u></u>		//

#### IAP processing instructions for the Appeals Coordinator

- Step 1 must always be completed prior to the initial RAP.
- Step 2 should be completed whenever the inmate's request is unclear, or when additional input from the inmate and/or staff will help the RAP better understand the request.
- If Step 1 is "Yes/Unsure," proceed to Steps 2 and/or 3. The interviews conducted in Step 2 will help with the decision in Step 3. Step 3 documents the decision. When the IAC is not able to complete steps 2 & 3 prior to the RAP (e.g, the request was received the day before the RAP) steps 2 and 3 may be completed during the RAP or shortly thereafter. Under no circumstances shall a decision regarding the need for an IAP exceed 5 working days.
- Consult with the ADA Coordinator when unsure which box to check in Step 1.
- Maintain ongoing communication with the ADA Coordinator regarding the interim accommodation process.

#### Step 2 Interviewer Instructions

- Your task is to obtain additional information that will assist the Reasonable Accommodation Panel (RAP) better understand issues raised by an inmate on a CDCR 1824, Reasonable Accommodation Request Form.
- Take a moment to read the CDCR 1824 and then review the information being requested in Step 2. If you need clarification, contact the Appeals Office or the ADA Coordinator.
- Interview the inmate who filed the CDCR 1824 and/or staff who may have knowledge about the inmate's request.
- Inmates often have difficulty expressing themselves in writing. Your interview notes should try to clarify what the problem is, and what the inmate wants (e.g., cane, lower bunk, shower chair, job modification, etc.).
- Reminder. Be sure to return this form to the Inmate Appeals Coordinator by the due date listed in Step 2.

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CDC #: PID #:

Sun, Wed, Thu, Fri, Sat (10:30:00 -

14:00:00)

## CH55035CDPP Disability/Accommodation SummaryMonday December 11, 2023 04:44:02 PM

As of: 12/11/2023 7

<del></del>		
OFFENDER/PLACEMENT	DISABILITY ASSISTANCE	
CDC#:	Current DDP Status: NCF	
Name:	DDP Adaptive None	
Facility: SATF-Facility F	Support Needs:	
Housing F 001	Current DDP Status Date: 02/18/200	)9
Area/Bed:	DPP Codes: DPW, DNH	
Placement 19	DPP Determination Date: 06/20/202	
Score:	Current MH LOC: CCCMS	
Custody Medium (A)	Current MH LOC Date: 09/16/202	22
Designation:		L <b>L</b>
Housing Non-Designated Program Facility	SLI Required: No	<b>,</b> ,
	Interview Date: 08/21/202	
Program:	Primary Method(s) - Hearing: Need Staff	
Housing Barrier Free/Wheelchair Accessible	Loudly and	
Restrictions: Ground Floor-No Stairs	Alternate Method - Hearing: Written No	
Lower/Bottom Bunk Only	Non-Formulary CART serv	
Physical Full Time Wheelchair User	Accommodations/Comments: provided d	luring due
Limitations to Transport Vehicle with Lift	process ev	ents.
Job/Other: Special Cuffing Needed	Learning Disability:	
Lifting Restriction- Unable to Lift more than 19	Initial Reading Level: 11.0	
Pounds	Initial Reading Level Date: 09/29/201	16
Permanent - 12/31/9999	Durable Medical Equipment: Hearing Ai	d
	Back Brace	
	Ankle Foot	
	Orthoses/	
	Foot Ortho	
	(AFO/KAFC	
	Mobility In	
	Disability \	
	Eyeglass F	
	Foot Ortho	
	Knee Brace	
	Other (Inc	lude in
	Comments	;)
	Therapeuti	c
	Shoes/Orti	notics
	Wheelchair	r
	Languages Spoken:	
IMPORTANT DATES	WORK/VOCATION/PIA	
Date Received: 02/13/2009	Privilege Group: A	
Last Returned	Work Group: A1	
Date:	AM Job Start 04/19/2023	
Release Date: 02/23/2026	Date:	
Release Type: Minimum Eligible Parole Date	Status: Full Time	
•• –	Position #: AD1.001.001	
	Position Title: F B-1 ADA WORKER GROUP	4
	Regular Days On: Sun, Wed, Thu, Fri, Sat (06:3	, 10.00 -
	10:00:00)	
	10.00.001	

Name:

# Exhibit

#### REASONABLE ACCOMMODATION PANEL (RAP) RESPONSE

RAP Meeting Date: 7/17/2	024 -	Date IAC Received 1824: 7/1	5/2024 182	4 Log Number: 592614	
Inmate's Name:		CDCR #:	Housi	ing: A1	
[10] The second seco	oordinator N. S , Registere	caife, Associate Governmental ed Nur <u>se</u> , Health C	Program Analyst are Grievance Represe	, Psychologist Dr. entative , Office	, Healthcare of Grievance
Representative , C	ompliance Lieu	tenant , Chief Phy	sician and Surgeon Dr.	W. Kokor,	
Summony of Inmetals 192	A Deguartu inn	noto ronorto difficulty booring o	nnouncomente Inmete	requests a utbroting watel	h

Summary of Inmate's 1824 Request: Inmate reports difficulty hearing announcements; Inmate requests a vibrating watch.

#### Interim Accommodation:

No interim accommodation required: You are safely accessing Programs, Services, and Activities (PSA)s.

#### RAP RESPONSE:

RAP is able to render a final decision on the following: Inmate reports difficulty hearing announcements; Inmate requests a vibrating watch.

Response: On 7/17/2024, the RAP met and discussed your 1824, Reasonable Accommodation Request.

A review of Strategic Offender Management System (SOMS) indicates you are designated DNH and are accommodated with hearing aids as well as a pocket talker.

Per CDCR memo, Issuance of Vibrating Watches as a Reasonable Accommodation for Permanent Hearing-Impaired, Impacting Placement Incarcerated Person Dated 6/3/2024, all persons not designated DPH may purchase a vibrating watch from any departmentally approved authorized personal property package vendor as part of their quarterly package order in keeping with title 15 and the authorized personal property schedule.

As you are not designated DPH you do not qualify to be accommodated with a vibrating watch.

You are encouraged to utilize the appropriate avenues to address requests or concerns. If you disagree with this determination, you may submit a CDCR 602-2 and your concerns will be addressed through the Inmate Appeal Process.

Direction if dissatisfied: If you disagree with this decision and want to file an appeal/grievance, be sure to attach a copy of this response along with your CDCR 1824 as supporting documents.

N. Scaife

1.2.

Date sent to inmate: AUG 1 3 2024

ADA Coordinator/Designee

Signature

Case 4:94-cv-02307-CW Document 3630-9 Filed 10/16/24 Page 41 of 96

STATE OF CALIFORNIA

## **REASONABLE ACCOMMODATION REQUEST**

CDCR 1824 (Rev. 09/17)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

			Page 1 of 1
INSTITUTION (Staff use only)	LOG NUMBER (Staff Use Onl 692014	/) D	CSATE OFFICE
***********TALK TO STAFF IF YOU		and the second	JUL 1 5 2024
DO NOT use a CDCR 1824 to request health		and all the same the same in the	
may delay your access to health care. Inst		and the second s	OF GRIEVANCES
INMATE'S NAME (Print)		ASSIGNMENT NONE	HOUSING Al-
INSTRUCTIONS:			
You may use this form if you have a physic		the second s	and the second
<ul> <li>You may use this form to request a specific participate in a program, service or activity.</li> </ul>			
Submit this form to the Custody Appeals Of	ffice.		
The 1824 process is intended for an individ			and the second
<ul> <li>The CDCR 1824 is a request process, not a</li> <li>If you have received an 1824 decision that</li> </ul>			
disagreeing with a medical diagnosis/treatn		onnt an appear (CD	en ouz, of eben ouz-ne if you are
WHAT CAN'T YOU DO / WHAT IS THE	PROBLEM?	1.1. 1	1.
	/ have t	rouble hea	he hoaring imposed
ments, I was told 7	hat the PLO I	nformed H	he hoaring impoired
Inmates of a recha	argable Vibrai	ting watch	7, , , , , , , , , , , , , , , , , , ,
	5	<u> </u>	
WHY CAN'T YOU DO IT?	in man ml		
IM NED	ring impaired		
WHAT DO YOU NEED?	11 1.1.1		11 DIA 1 DIT
the sech	argable Vibratio	ng wotch ;	the PLO said SATE
had for hearing Impa	ired inmates,	7	
Uni alexie approval	are to build now	aun inhan	1 had MY Stimulus
You already approved Check,	ME TO DUS WIT (	Jar when	The WI SIMUES
		(Use the back of	of this form if more space is needed)
		the	
DO YOU HAVE DOCUMENTS THAT DE	ESCRIBE YOUR DISABILIT	Y? Yes 🗶	No Not Sure
List and attach documents, if available:	ep medical f	10	
	(CINCIE)		
I understand that staff have a right to interview	w or examine me, and my failu	e to cooperate may	cause this request to be disapproved.
	SIGNATURE		SIGNED
		DATES	U.C.TED
Assistance in completing this form was provid	ieu by.		
		-	Signaturo
Last Name	First Name	and the second s	Signature

#### Case 4:94-cv-02307-CW Document 3630-9 'Filed 10/16/24 Page 42 of 96 DRAFT Interim Accommodation Procedure (IAP) / Interview Worksheet Upon receipt of a CDCR 1824, the Institution Appeals Coordinator (IAC) shall complete Step 1 below within 1 working day. Step 2 should be completed whenever the inmate's request is unclear or when additional input from the inmate and/or staff will help the RAP better understand the request. CDCR #: \_\_\_\_\_ CDCR 1824 Log #: 592614 Inmate: Date CDCR 1824 received by IAC: 07 / 15 / 24 STEP 1 INTERIM ACCOMMODATION ASSESSMENT Does the inmate raise issues on the CDCR 1824 that may cause the inmate injury or other serious harm while it is being processed? Base your assessment solely on the inmate's claim, assuming the claim is true. Yes / Unsure (Complete Steps 2 &/or 3) ✓ No (None of the issues below are present) [Note: IAC may still obtain information for RAP by completing Step 2] Issues that may cause the inmate injury or other serious harm include, but are not limited to: Falling or the potential for falling. Cannot safely navigate stairs. Cannot safely access upper bunk. · Seizure disorder and is assigned an upper bunk. Workplace safety concerns. Hearing or vision claims that may jeopardize safety. Inability to perform essential manual tasks (e.g., access dining hall, carry food tray, shower, use toilet). Maintenance, repair, or replacement of health care appliances which involve safety concerns. 07 / 15 / 24 Date Completed AGPA Person Completing Step 1 Title Signature STEP 2 CDCR 1824 INTERVIEWS Note: Be sure to complete Step 3 when Step 1 was "Yes/Unsure" Date assigned: \_\_\_\_ / \_\_\_ / \_\_\_ Due back to IAC: \_\_\_ / \_\_\_ / \_\_\_\_ Returned to IAC: \_\_\_/ \_\_\_/ Assigned to: \_\_\_\_\_ Title: \_\_\_\_\_ Information needed: Note 1: Attach a DECS printout listing inmate's current status (including DPP codes, DDP codes, TABE score, etc.) Note 2: IAC and/or RAP may assign to self and obtain information either telephonically or in person. Inmate Interview Date/Time:\_\_\_\_\_ Location:\_\_\_\_\_ Interviewer notes: Title: C/O Interview date: 07 / 15 / 24 Staff Interviewed: Interviewer Notes: OFFICER IS BUILDING REGULAR AND IS FAMILIAR WITH RESPONDS TO ANNOUNCEMENTS QUICKLY AND IS OFTEN THE FIRST ONE READY FOR MEALS, YARDS, ETC Title: Interview date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_/ Staff Interviewed: Interviewer Notes: PURSUANT TO CDCR MEMO ISSUANCE OF VIBRATING WATCHES AS A REASONABLE ACCOMMODATION FOR PERMANENT HEARING-IMPAIRED, IMPACTING PLACEMENT INCARCERATED PERSON DATED 06/03/2024, ALL PERSONS NOT DESIGNATED DPH MAY PURCHASE A VIBRATING WATCH FROM ANY DEPARTMENTALLY APPROVED AUTHORIZED Notes: PERSONAL PROPERTY PACKAGE VENDOR AS A PART OF THEIR QUARTERLY PACKAGE ORDER IN KEEPING WITH TITLE 15 AND THE AUTHORIZED PERSONAL PROPERTY SCHEDULE. A REVIEW OF SOMS INDICATES I/M IS DESIGNATED DNH AND IS ACCOMMODATED WITH HEARING AIDS AS WELL AS A POCKET TALKER TOPA

Title

Interviewer (Print Name)

Signature



mate		CDCR #:	CDCR 1824 Log	#: 592614
ep 3:	DECISION REGARDING WHE	THER AN INTERIM ACCOMMODA	TION IS NECESSARY (See N	lote below)
	An Interim Accommodation	IS NOT required.		
ليسمعا				
	<u></u>			
	An Interim Accommodation			
	Reason:			
	Accommodation(s) provid	led:		Date provided:
			······	//
	Commenter			
		AGPA		07 / 15 / 24
Per	rson Completing Step 3	Title	Signature	Date Completed
ote: Wh	en information is unable to prov	e or disprove a claim, consider an int	erim accommodation as a pre	ecautionary measure.

#### IAP processing instructions for the Appeals Coordinator

- Step 1 must always be completed prior to the initial RAP.
- Step 2 should be completed whenever the inmate's request is unclear, or when additional input from the inmate and/or staff will help the RAP better understand the request.
- If Step 1 is "Yes/Unsure," proceed to Steps 2 and/or 3. The interviews conducted in Step 2 will help with the decision in Step 3. Step 3 documents the decision. When the IAC is not able to complete steps 2 & 3 prior to the RAP (e.g, the request was received the day before the RAP) steps 2 and 3 may be completed during the RAP or shortly thereafter. Under no circumstances shall a decision regarding the need for an IAP exceed 5 working days.
- Consult with the ADA Coordinator when unsure which box to check in Step 1.
- Maintain ongoing communication with the ADA Coordinator regarding the interim accommodation process.

#### **Step 2 Interviewer Instructions**

- Your task is to obtain additional information that will assist the Reasonable Accommodation Panel (RAP) better understand issues raised by an inmate on a CDCR 1824, Reasonable Accommodation Request Form.
- Take a moment to read the CDCR 1824 and then review the information being requested in Step 2. If you need clarification, contact the Appeals Office or the ADA Coordinator.
- Interview the inmate who filed the CDCR 1824 and/or staff who may have knowledge about the inmate's request.
- Inmates often have difficulty expressing themselves in writing. Your interview notes should try to clarify what the problem is, and what the inmate wants (e.g., cane, lower bunk, shower chair, job modification, etc.).
- Reminder. Be sure to return this form to the Inmate Appeals Coordinator by the due date listed in Step 2.

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## DPP Disability/Accommodation Summary

As of: 07/15/2024

Name:

CHSS035C

## CDC #: PID #:

Monday July 15, 2024 01:43:53 PM

OFFENDER/PLACEMENT	C	DISABILITY ASSISTANCE
CDC#:	Current DDP Status:	NCF
Name:	DDP Adaptive	
Facility: SATF-Facility A	Support Needs:	
Housing Area/Bed: A 001	Current DDP Status Date:	01/14/2005
Placement Score: 19	DPP Codes: 1	
Custody Designation: Medium (A)	DPP Determination Date:	
Housing Program: Non-Designated Program Facility	Current MH LOC:	
	Current MH LOC Date:	
Housing Restrictions: Ground Floor-Limited Stairs		
Lower/Bottom Bunk Only	SLI Required:	
hysical Limitations to Lifting Restriction- Unable to Lift more than 19 Pounds	Interview Date:	
Job/Other: Permanent - 12/31/9999	Primary Method(s) -	Hearing Aids
EOP Accommodation	Hearing:	3 X M
Recommendations:	Alternate Method - Hearing:	Reads Lips
	Non-Formulary	
	Accommodations/Comments:	
	Learning Disability:	
	Initial Reading Level:	11.8
	Initial Reading Level Date:	05/01/2014
	Durable Medical Equipment:	
		Canes
		Non-invasive Airway Assistive Devices - C-Pap Machine
		Electrical Access
		Eyeglass Frames
		Hearing Impaired Disability Vest
		Incontinence Supplies
		Knee Braces
	Languages Spoken:	Therapeutic Shoes/Orthotics
	Languages Spoken.	
IMPORTANT DATES		WORK/VOCATION/PIA
Date Received: 12/27/2004		Privilege Group: A
Last Returned Date:		Work Group: A1
Release Date: 09/27/2030		AM Job Start Date:
Release Type: Earliest Possible Release Date		Status:
		Position #:
		Position Title:
		Fusicion fille.



## **OFFICE OF GRIEVANCES DECISION**

INSTRUCTIONS: Do not mail this response. Effective Communication shall be provided upon delivery and documented in SOMS.

Offender Name: CDC#:

Current Location: SATF-Facility A

Date: 09/06/2024

Current Area/Bed: A 001 1

Log #: 000000592614

Claim #: 001				
Received at Institution/Parole Region:	California Substance	e Abuse Treatment Facility		
Submitted to Facility/Parole District:	California Substance	e Abuse Treatment Facility		
Housing Area/Parole Unit:				
Group: RAP Response Required	Category:	Reasonable Accommodation	Sub-Category:	Devices/Items
I. CLAIM				

Inmate reports difficulty hearing announcements; Inmate requests a vibrating watch.

#### **II. RULES AND REFERENCES**

#### A. CONTROLLING AUTHORITY

1824 Desk Reference Manual

#### **B. DOCUMENTS CONSIDERED**

CDCR 1824 Request for Reasonable Accommodation

#### **III. REASONING AND DECISION**

On 7/17/2024, the RAP met and discussed your 1824, Reasonable Accommodation Request.

A review of Strategic Offender Management System (SOMS) indicates you are designated DNH and are accommodated with hearing aids as well as a pocket talker.

Per CDCR memo, Issuance of Vibrating Watches as a Reasonable Accommodation for Permanent Hearing-Impaired, Impacting Placement Incarcerated Person Dated 6/3/2024, all persons not designated DPH may purchase a vibrating watch from any departmentally approved authorized personal property package vendor as part of their quarterly package order in keeping with title 15 and the authorized personal property schedule. As you are not designated DPH you do not qualify to be accommodated with a vibrating watch.

You are encouraged to utilize the appropriate avenues to address requests or concerns.

#### **IV. Comments**

N/A

#### **Decision: Denied**

After a thorough review of all the documents and evidence presented to the Office of Grievances, it is the order of the Office of Grievances to DENY the daim.

### Case 4:94-cv-02307-CW Document 3630-9 Filed 10/16/24 Page 46 of 96

 If you are dissatisfied with the decision of this daim, you may appeal this decision by mailing a CDCR Form 602-2 to the Office of Appeals.

 Staff Signature
 Title
 Date/Time

 Reviewing Authority
 09/05/2024

# Exhibit 3

#### REASONABLE ACCOMMODATION PANEL (RAP) RESPONSE

RAP Meeting Date: 1/24/2024	Date IAC Received 1824: 1/22/2024	1824 Log Number: 508719
Inmate's Name:	CDCR #:	Housing: A3
RAP Staff Present: ADA Coordinator N.	Scaife, Chief Medical Executive G. Ugw	eze, Psychologist Dr. <b>1999</b> , Health Care Grievance
Representative <b>Exercise</b> , Custody Appea	als Representative <b>de jaces</b> , Associate G	Bovernmental Program Analyst Content Registered
Nurse Mainting Staff Services Analyst	, Field Training Lieutenant	
Commence of Immetels 4934 Descreption	The inmete reports weregoing bearing los	e and alleges inability to hear dining and medication

Summary of Inmate's 1824 Request: The inmate reports worsening hearing loss and alleges inability to hear dining and medication pass notifications. The inmate requests a mattress vibrator to wake him for program.

#### Interim Accommodation:

Interim Accommodation provided: You were issued a pocket talker on 01/03/2024 as an interim accommodation.

#### RAP RESPONSE:

**RAP is able to render a final decision on the following:** The inmate reports worsening hearing loss and alleges inability to hear dining and medication pass notifications. The inmate requests a mattress vibrator to wake him for program.

Response: On 01/24/2024, the RAP met and discussed your 1824, Reasonable Accommodation Request.

Per the Interim Accommodation Procedure (IAP) worksheet, dated 01/22/2024, you were issued a pocket talker on 01/03/2024 as an interim accommodation. Your request was forwarded to healthcare (HC) for input regarding your report of worsening hearing loss and record of diabetic call attendance. Housing unit staff utilize hearing impaired notification. You currently have an DPP verification code of DNH with hearing aids noted as your primary method of disability assistance, and an alternate method of disability assistance which requires staff to speak loudly and clearly. AS such, your hearing is restored to functional levels with the assistance and devices currently provided. A vibrating bed shaker is not indicated at this time, as you do not have profound hearing loss impacting your placement.

Due to its nature, your request was forwarded to Health Care Services for input. Health Care Services provided the RAP with a Disability Verification Process (DVP) Worksheet indicating per review of your chart, you started weekly diabetic medication, Semaglutide on 11/22/2023, and according to the Medication Administration Record, you received this medication every Wednesday and have not missed a dose from 11/22/2023 – 01/17/2024. You are scheduled to follow-up with a Hearing Aid Specialist on 02/21/2024.

You are encouraged to utilize the appropriate avenues to address issues, such as submitting a 7362 to Health Care Services for any medical related requests. If you are dissatisfied or disagree with the treatment being provided by Health Care Services, you may submit a 602HC and your concerns will be addressed through the Health Care Grievance Process. If you disagree with this determination, you may submit a CDCR 602-2, and your concerns will be addressed through the Inmate Appeal Process.

**Direction if dissatisfied**: If you disagree with this decision and want to file an appeal/grievance, be sure to attach a copy of this response along with your CDCR 1824 as supporting documents.

N. Scaife

Date sent to inmate:

FEB 2 1 2024

ADA Coordinator/Designee

Signature

STATE OF CALIFORNIA REASONABLE ACCOMMODATION RE	OUEST	DEPAR	IMENT OF CORRECTIONS AND REHABILITATION
CDCR 1824 (Rev. 09/17)	-		
	008719		Page 1 of 1
INSTITUTION (Staff use only)	LOG NUMBER (Staff Use Only	ý)	DATE RECEIVED BY STAFF:
SHIF_	.208-11-4		CSATF OFFICE
**************************************	DU HAVE AN EMERGENCY	********	JAN 2 2 2024
DO NOT use a CDCR 1824 to request head	ith care or to appeal a health car	re decision. This	
may delay your access to health care. Ins	stead, submit a CDC 7362 or a (	CDCR 602-HC	OF GRIEVANCES
INMATE'S NAME (Print)	CDCR NUMBER	ASSIGNMENT	HOUSING
		C152 - 1	F13
INSTRUCTIONS:			
<ul> <li>You may use this form if you have a physical</li> </ul>		-	· · · ·
<ul> <li>You may use this form to request a specific participate in a program, service or activity</li> </ul>			
<ul> <li>Submit this form to the Custody Appeals (</li> </ul>		2001111 011 011031	NOT OF GROUNDLY COOCE GROUTINGED I.
• The 1824 process is intended for an indivi	idual's accommodation request.		· · ·
• The CDCR 1824 is a request process, not	•• •	-	÷
<ul> <li>If you have received an 1824 decision that disagreeing with a medical diagnosis/treat</li> </ul>		omit an appeal (C	JUCK 602, of CUCK 602-HC if you are
· · · · · · · · · · · · · · · · · · ·	····		
WHAT CAN'T YOU DO / WHAT IS THI		A loss	Lohon King
	pling of Car		
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DO YOU HAVE DOCUMENTS THAT D	ESCRIBE YOUR DISABILI	ry? Yes [	🗋 No 🛄 Not Sure 🔲
List and attach documents, if available:			
I understand that staff have a right to intedia	ew or examine me, and my failu	re to cooperate m	ay cause this request to be disapproved
		1-2	0-24
	SIGNATORE	DAT	E SIGNED
Assistance in completing this form was provi	ided by:		
Last Name	First Name		Signature

## Interim Accommodation Procedure (IAP) / Interview Worksheet

Upon receipt of a CDCR 1824, the Institution Appeals Coordinator (IAC) <u>shall complete Step 1 below within 1 working day</u>. Step 2 should be completed whenever the inmate's request is unclear or when additional input from the inmate and/or staff will help the RAP better understand the request.

Inmate:	CDCR #:	CDCR 1824	4 Log #: <u>508719</u>
STEP       1 INTERIM ACCOMMODATION ASSESS         Does the inmate raise issues on the being processed?       Base your assess         Yes / Unsure (Complete Steps 2 &         Issues that may cause the inmate inj         Falling or the potential for fall         Cannot safely access upper b         Workplace safety concerns.         Inability to perform essential         Maintenance, repair, or repla         Person Completing Step 1	CDCR 1824 that may of sment solely on the in (or 3) <b>No</b> (Nor obtain in jury or other serious in ing. • Cannot ounk. • Seizure • Hearing manual tasks (e.g., acc	cause the <b>inmate injury o</b> <b>inmate's claim, assuming</b> he of the issues below are formation for RAP by comp harm include, but are not li safely navigate stairs. disorder and is assigned a or vision claims that may j cess dining hall, carry food	the claim is true. present) [Note: IAC may still bleting Step 2] mited to: an upper bunk. jeopardize safety. tray, shower, use toilet).
	Due back to IAC:	ding DPP codes, DDP cod	rned to IAC:// 
Staff Interviewed:			Interview date: / /
Staff Interviewed:			Interview date: / /
Notes: FORWARD TO HC FOR INPUT REC DIABETIC CALL ATTENDANCE. HC CURRENT DNH WITH EC OF HEAT SPECIAL PURCHASE ORDER PRO	DUSING UNIT STAFF	JTILIZE HEARING IMPAIR STAFF TO SPEAK LOUE	RED NOTIFICATION. I/M IS DLY. I/M MAY UTILIZE THE
Interviewer (Print Name)	Title	Signature	// Date Completed

	Case 4.94-0V-	IAP / Interview W		DRAFT
nmate:		CDCR #:	CDCR 1824 Log	<sub>] #:</sub> <u>508719</u>
- 	An Interim Accommodation	ETHER AN INTERIM ACCOMMODA		Note below)
	An Interim Accommodation Reason:	I <u>S required</u> .		
	Accommodation(s) prov	ided:		Date provided: // ///
	Comments:			
		AGPA		01 / 23 / 24
	rson Completing Step 3 en information is unable to pro	Title we or <u>disprove a claim, consider an in</u>	Signature terim accommodation as a pr	Date Completed ecautionary measure.

#### **JAP processing instructions for the Appeals Coordinator**

- Step 1 must always be completed prior to the initial RAP.
- Step 2 should be completed whenever the inmate's request is unclear, or when additional input from the inmate and/or staff will help the RAP better understand the request.
- If Step 1 is "Yes/Unsure." proceed to Steps 2 and/or 3. The interviews conducted in Step 2 will help with the decision in Step 3. Step 3 documents the decision. When the IAC is not able to complete steps 2 & 3 prior to the RAP (e.g. the request was received the day before the RAP) steps 2 and 3 may be completed during the RAP or shortly thereafter. Under no circumstances shall a decision regarding the need for an IAP exceed 5 working days.
- Consult with the ADA Coordinator when unsure which box to check in Step 1.
- Maintain ongoing communication with the ADA Coordinator regarding the interim accommodation process.

#### Step 2 Interviewer Instructions

- Your task is to obtain additional information that will assist the Reasonable Accommodation Panel (RAP) better understand issues raised by an inmate on a CDCR 1824, Reasonable Accommodation Request Form.
- Take a moment to read the CDCR 1824 and then review the information being requested in Step 2. If you need clarification, contact the Appeals Office or the ADA Coordinator.
- Interview the inmate who filed the CDCR 1824 and/or staff who may have knowledge about the inmate's request.
- Inmates often have difficulty expressing themselves in writing. Your interview notes should try to clarify what the problem is, and what the inmate wants (e.g., cane, lower bunk, shower chair, job modification, etc.).
- Reminder. Be sure to return this form to the Inmate Appeals Coordinator by the due date listed in Step 2.

Case 4:94-cv-02307-CW Document 3630-9 Filed 10/16/24 Page 52 of 96

### Name: CHSS035CDPP Disability/Accommodation Summary Monday January 22, 2024 12:57:39 PM

As of: 01/22/2024

PP Determination Dat Current MH LOC Dat SLI Require Interview Dat Method(s) - Hearin Non-Formula Mono-Formula Learning Disabilit Initial Reading Level Dat	e None s: e: 05/09/2006 s: DNH, DNV e: 05/05/2023 C: CCCMS e: 04/18/2018 d: No e: 12/28/2022 g: Hearing Aids g: Need Staff to Speak Loudiy and Clearly ry s: TimeStamp: 28 December 2022 10:14:21 User: y: el: 12.9 e: 05/29/2014
Support Need rrent DDP Status Dat DPP Code PP Determination Dat Current MH LOC Dat SLI Require Interview Dat Y Method(s) - Hearin nate Method - Hearin Non-Formula modations/Comment Learning Disabilit Initial Reading Level Dat	s: e: 05/09/2006 s: DNH, DNV e: 05/05/2023 C: CCCMS e: 04/18/2018 d: No e: 12/28/2022 g: Hearing Aids g: Need Staff to Speak Loudiy and Clearly ry s: TimeStamp: 28 December 2022 10:14:21 User: y: el: 12.9 e: 05/29/2014
rrent DDP Status Dat DPP Code PP Determination Dat Current MH LOC Dat SLI Require Interview Dat ry Method(s) - Hearin nate Method - Hearin Non-Formula modations/Comment Learning Disabilit Initial Reading Level Dat	e: 05/09/2006 s: DNH, DNV e: 05/05/2023 C: CCCMS e: 04/18/2018 d: No e: 12/28/2022 g: Hearing Aids g: Need Staff to Speak Loudiy and Clearly ry s: TimeStamp: 28 December 2022 10:14:21 User: y: el: 12.9 e: 05/29/2014
DPP Code PP Determination Dat Current MH LOC Dat SLI Require Interview Dat Ty Method(s) - Hearin Non-Formula Mon-Formula Modations/Comment Learning Disabilit Initial Reading Level Dat	s: DNH, DNV e: 05/05/2023 C: CCCMS e: 04/18/2018 d: No e: 12/28/2022 g: Hearing Aids g: Need Staff to Speak Loudiy and Clearly ry s: TimeStamp: 28 December 2022 10:14:21 User: y: el: 12.9 e: 05/29/2014
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SLI Require Interview Dat Ty Method(s) - Hearin Non-Formula Modations/Comment Learning Disabilit Initial Reading Level Dat	d: No e: 12/28/2022 g: Hearing Aids g: Need Staff to Speak Loudly and Clearly ry es: TimeStamp: 28 December 2022 10:14:21 User: y: el: 12.9 e: 05/29/2014
Interview Dat ry Method(s) - Hearin nate Method - Hearin Non-Formula modations/Comment Learning Disabilit Initial Reading Level Dat	e: 12/28/2022 g: Hearing Aids g: Need Staff to Speak Loudiy and Clearly ry s: TimeStamp: 28 December 2022 10:14:21 User: y: el: 12.9 e: 05/29/2014
ry Method(s) - Hearin nate Method - Hearin Non-Formula modations/Comment Learning Disabilit Initial Reading Level Dat	g: Hearing Aids g: Need Staff to Speak Loudly and Clearly ry s: TimeStamp: 28 December 2022 10:14:21 User: y: el: 12.9 e: 05/29/2014
nate Method - Hearin Non-Formula modations/Comment Learning Disabilit Initial Reading Level Dat	g: Need Staff to Speak Loudly and Clearly ry s: TimeStamp: 28 December 2022 10:14:21 User: y: el: 12.9 e: 05/29/2014
Non-Formula amodations/Comment Learning Disabilit Initial Reading Leve tial Reading Level Dat	Loudly and Clearly ry s: TimeStamp: 28 December 2022 10:14:21 User: y: el: 12.9 e: 05/29/2014
Imodations/Comment Learning Disabilit Initial Reading Leve tial Reading Level Dat	ry s: TimeStamp: 28 December 2022 10:14:21 User: y: el: 12.9 e: 05/29/2014
Imodations/Comment Learning Disabilit Initial Reading Leve tial Reading Level Dat	s: TimeStamp: 28 December 2022 10:14:21 User: y: el: 12.9 e: 05/29/2014
Learning Disabilit Initial Reading Leve tial Reading Level Dat	December 2022 10:14:21 User: y: el: 12.9 e: 05/29/2014
Initial Reading Leve tial Reading Level Dat	10:14:21 User: y: el: 12.9 e: 05/29/2014
Initial Reading Leve tial Reading Level Dat	y: el: 12.9 e: 05/29/2014
Initial Reading Leve tial Reading Level Dat	e: 05/29/2014
Initial Reading Leve tial Reading Level Dat	e: 05/29/2014
tial Reading Level Dat	e: 05/29/2014
ble Medical Equipmer	
	Back Braces
	Canes
	Eyeglass Frames
	Knee Braces
	Other (Include in
	Comments)
	Therapeutic
	Shoes/Orthotics
	Therapeutic Contact
	Lenses
	<b>B</b> 1
	Languages Spoke

#### **IMPORTANT DATES**

Date Received: 10/07/2013 Last Returned 04/03/2018 Date: Release Date: 11/12/2028 Release Type: Earliest Possible Release Date

#### WORK/VOCATION/PIA

CDC #:

PID #

Privilege Group: A Work Group: A1 AM Job Start 11/20/2023 Date: Status: Reentry Position #: CB2.008.003 Position Title: A DRP CB2-1 VOC RM 108 Regular Days Monday, Wed, Friday (08:15:00 -On: 10:15:00)

Disability Verification Process (DVP)	INMATE'S NAME (Print)	CDCR 1824 L	OG NUMBER
Worksheet SIDE 1		508719	
	CDCR NU	JMBER	

#### INSTRUCTIONS

- A SME Shall COMPLETE SECTION 1 prior to or during the INITIAL RAP.
- When the RAP needs more information, the ADA Coordinator shall complete Section 2 during the RAP and assign the DVP for Section 3 to be completed (See back of form).

SECTION 1 - SME FINDINGS
Type of Review: 🖌 Health care review 🦳 Mental Health review 📃 Education / learning disability review
Other review:
File Review conducted. Documents obtained:
CDCR 1845 dated:// CDCR 7410 dated:/_/ CDCR 128-C2: dated://
CDCR 7536 dated:// CDC 7221-DME dated://
CDCR 128-C3: dated:/_/ CDCR 7386: dated://_ CDCR 7388: dated:/_/
Other: dated: / / Other: dated: / /
Recently evaluated for this issue. Date seen://
Evaluation (exam/interview) scheduled. Anticipated date to be seen://
Disability indicated: Ves No Unable to Determine
DPP: DNV, DNH Summary of findings: <u>DME: back brace, cane, eyeglass, hearing aid, knee brace, therapeutic contact lens,</u>
therapeutic shoes, sunglasses for photo-phobia/light sensitivity
Summary of limitations: Bottom Bunk, Ground Floor-Limited Stairs
Comments: Per chart review, patient started his weekly diabetic medication, Semaglutide on 11/22/23;
and according to Medication Administration Record, patient received this medication every
Wednesday and has not missed a dose from 11/22/23-1/17/24. Pt is scheduled to follow-up with Hearing Aid Specialist on 2/21/24
Anfrons 01/24/2024
Signature of Subject Matter Expert Date Signed

# Exhibit

#### REASONABLE ACCOMMODATION PANEL (RAP) RESPONSE

RAP Meeting Date: 3/6/2024	Date IAC Received 1824: 3/4/20	24 <b>1824 Log Number:</b> 528488	
Inmate's Name:	CDCR #:	Housing: E1-	
Grievance Representative			are
0	1	-to manage an iDed. Question Foullis debages (OTEL)	

Summary of Inmate's 1824 Request: Inmate reports difficulty hearing; Inmate requests an iPad, Over the Ear Headphones (OTEH), a vibrating watch, and sign language classes.

#### Interim Accommodation:

No interim accommodation required: You are eligible for OTEH and are currently on the wait list based on a previous request.

#### **RAP RESPONSE:**

**RAP is able to render a final decision on the following:** Inmate reports difficulty hearing; Inmate requests an iPad, Over the Ear Headphones (OTEH), a vibrating watch, and sign language classes.

Response: On 3/6/2024, the RAP met and discussed your 1824, Reasonable Accommodation Request.

A review of Strategic Offender Management System (SOMS) indicates you are currently on the wait list for OTEH. Once stock arrives and your name is reached on the list you will be issued OTEH. iPad technology is intended for individuals with profound hearing loss who utilize written notes. You are currently designated DNH with EC of hearing aids and need staff to speak loud and clear. You have demonstrated the ability to achieve effective communication through equally effective means such as with your hearing aids and with staff speaking loudly and clearly. ASL classes are currently not available at SATF. Although your PLO memo makes mention of a vibrating watch, they are not yet available for distribution. In the meantime, you may request to purchase one through the ADA special purchase order process.

You are encouraged to utilize the appropriate avenues to address requests or concerns. If you disagree with this determination, you may submit a CDCR 602-2 and your concerns will be addressed through the Inmate Appeal Process.

**Direction if dissatisfied**: If you disagree with this decision and want to file an appeal/grievance, be sure to attach a copy of this response along with your CDCR 1824 as supporting documents.

N. Scaife

<u>1. Saul-</u>

Date sent to inmate:

MAR 2 8 2024

ADA Coordinator/Designee

Signature

## - <sup>:.</sup> STATE OF CALIFORNIA REASONABLE ACCOMMODATION REQUEST

DEPARTMENT OF CORRECTIONS AND REHABILITATION

CDCR 1824 (Rev. 09/17)	· · · · · · · · · ·	Page 1 of 1
INSTITUTION (Staff use only)	LOG NUMBER (Staff Lise Only) 529488	DATE REGEIVED BY STAFF: MAR 0 4 2024
DO NOT USE & COCR 1924 to request	YOU HAVE AN EMERGENCY************************************	an. This OF GRIEVANCES
INMATE'S NAME (Print) )	CDCR NUMBER ASSIG	NIMENT HOUSING
<ul> <li>You may use this form to request a spectripate in a program, service or an a submit this form to the Custody Appe</li> <li>The 1824 process is intended for an tag the CuSH 1824 is a request process</li> </ul>	als Office. ndividual's accommodation request. Each in , not an appeal process. All GDCR 1924 re I that you disagree with, you may submit an	approved, Will enable you to access and/or t an allegation of cleability-based discrimination. ndividual's request requires a case-by-case review.
WHAT CAN'T YOU DO I WHAT IS	THE FROBLEM?	its, I Also Head phones
WHY CAN'T YOU DO IT? <u>I</u> AC <u>ON</u> <u>A</u> <u>Memo</u> <u>FC</u> <u>A</u> ( <u>CO</u> <u>M</u> <u>M</u> <del>CO</del> <del>A</del> <del>CO</del> <del>M</del> <del>CO</del> <del>A</del> <del>CO</del> <del>CO</del> <del>A</del> <del>CO</del> <del>CO</del> <del>A</del> <del>CO</del> <del>CO</del> <del>A</del> <del>CO</del> <del>CO</del> <del>CO</del> <del>A</del> <del>CO</del> <del>CO</del> <del>CO</del> <del>CO</del> <del>CO</del> <del>CO</del> <del>CO</del> <del>CO</del>	n following the an The paison s Far Deaf or Har	instructions Law office on a of Hearing people
WHAT DO YOU NEED? Thoul Speech to text Head phones And i Also And to Learn Thank you	d Like to Be eve I-PAD and O Please Would Like the Sign Language	sitio back of this form if more space is needed)
List and attach documents, if available:		Yea $\square$ No $\square$ Not Sura $\square$ operate may cause this request to be disapproved. 3 - 4 - 24
INMAT Assistance in completing this form was	e's signature provided by:	DATE SIGNED
Last Name	First Name	Signature

### Interim Accommodation Procedure (IAP) / Interview Worksheet

DRAFT

Upon receipt of a CDCR 1824, the Institution Appeals Coordinator (IAC) <u>shall complete Step 1 below within 1 working day</u>. Step 2 should be completed whenever the inmate's request is unclear or when additional input from the inmate and/or staff will help the RAP better understand the request.

Inmate:	CDCR #:	CDCR 1824 Log	#: 528488
STEP 1 INTERIM ACCOMMODATION ASSES	SMENT	Date CDCR 1824 received by	IAC: 03 / 04 / 24
Does the inmate raise issues on th			
being processed? Base your asso Yes / Unsure (Complete Steps 2		nmate's claim, assuming the open of the issues below are prese	
		formation for RAP by completing	
Issues that may cause the inmate	• •	harm include, but are not limited	i to:
Falling or the potential for factors	-	t safely navigate stairs.	
Cannot safely access uppe     Workplace safety concerns		e disorder and is assigned an up g or vision claims that may jeopa	-
· · ·		cess dining hall, carry food tray,	•
<ul> <li>Maintenance, repair, or rep</li> </ul>	lacement of health care	appliances which involve safety	concerns.
	GPA		03 / 04 / 24
Person Completing Step 1	Title	Signature	Date Completed
STEP 2 CDCR 1824 INTERVIEWS	Note: Be sure to comple	te Step 3 when Step 1 was "Yes/L	Insure"
Date assigned://	Due back to IAC:		to IAC://
Assigned to:			
Information needed:			
· · · · · · · · · · · · · · · · · · ·			
Note 1: Attach a DECS printout listing inma Note 2: IAC and/or RAP may assign to self Inmate Interview Date/Time: Interviewer notes:	and obtain information o	either telephonically or in person	
Staff Interviewed:	Title:		riew date: / /
Interviewer Notes:			
Staff Interviewed:	Title:	Interv	riew date: / /
Interviewer Notes:			
		TLY ON THE WAIT LIST BASE S NAME IS REACHED ON THE	
Notes: OTEH. I-PAD TECHNOLOGY IS IN UTILIZE WRITTEN NOTES. A RE AIDS AND NEEDS STAFF-TO SP SATE. I/M IS CURRENTLY ACCO	VIEW OF SOMS INDICA EAK LOUD AND CLEAF	ATES I/M IS DESIGNATED DNF R: ASL CLASSES ARE NOT CU	WITH EC OF HEARING
		<u> </u>	//
interviewer (Print Name)	Title	Signature	Date Completed

#### Case 4:94-cv-02307-CW Document 3630-9 Filed 10/16/24 Page 58 of 96

		IAP / Interview Wo	rksheet	DIALI
Inma	ate:	CDCR #:	CDCR 1824 Log	g #: <u>528488</u>
Step 3		HETHER AN INTERIM ACCOMMODATI	ON IS NECESSARY (See )	Note below)
	An Interim Accommodation	n IS NOT required.		
	Reason:			
Г	An Interim Accommodatio	n IS required		
L				
	Accommodation(s) prov	rided:		Date provided:
				//
	Comments:			
			······	
		AGPA		03 / 05 / 24
	Person Completing Step 3 When information is unable to pro	Title ove or disprove a claim, consider an inte	Signature	Date Completed

#### IAP processing instructions for the Appeals Coordinator

- Step 1 must always be completed prior to the initial RAP.
- Step 2 should be completed whenever the inmate's request is unclear, or when additional input from the inmate and/or staff will help the RAP better understand the request.
- If Step 1 is "Yes/Unsure," proceed to Steps 2 and/or 3. The interviews conducted in Step 2 will help with the decision in Step 3. Step 3 documents the decision. When the IAC is not able to complete steps 2 & 3 prior to the RAP (e.g. the request was received the day before the RAP) steps 2 and 3 may be completed during the RAP or shortly thereafter. Under no circumstances shall a decision regarding the need for an IAP exceed 5 working days.
- Consult with the ADA Coordinator when unsure which box to check in Step 1.
- Maintain ongoing communication with the ADA Coordinator regarding the interim accommodation process.

#### Step 2 Interviewer Instructions

- Your task is to obtain additional information that will assist the Reasonable Accommodation Panel (RAP) better understand issues raised by an inmate on a CDCR 1824, Reasonable Accommodation Request Form.
- Take a moment to read the CDCR 1824 and then review the information being requested in Step 2. If you need clarification, contact the Appeals Office or the ADA Coordinator.
- Interview the inmate who filed the CDCR 1824 and/or staff who may have knowledge about the inmate's request.
- Inmates often have difficulty expressing themselves in writing. Your interview notes should try to clarify what the problem is, and what the inmate wants (e.g., cane, lower bunk, shower chair, job modification, etc.).
- Reminder. Be sure to return this form to the Inmate Appeals Coordinator by the due date listed in Step 2.

NDAET

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CDC #: PID #:

### Name: CHSS035CDPP Disability/Accommodation Summary Monday March 04, 2024 02:20:28 PM

As of: 03/04/2024 ۲

OFFENDER/PLACEMENT	
CDC#:	Current DDP Status: NCF
Name:	DDP Adaptive None
Facility: SATF-Facility E	Support Needs:
Housing E 001	Current DDP Status Date: 04/10/2003
Area/Bed:	DPP Codes: DPW, DNH
Placement 24	DPP Determination Date: 08/31/2023
Score:	Current MH LOC: CCCMS
Custody Medium (A)	Current MH LOC Date: 12/11/2013
Designation:	SLI Required: No
Housing Non-Designated Program Facility	Interview Date: 09/08/2023
Program:	Primary Method(s) - Hearing: Hearing Alds
Housing Barrier Free/Wheelchair Accessible	Alternate Method - Hearing: Need Staff to Speak
Restrictions: Grab Bar Required	Loudly and Clearly
Ground Floor-No Stairs	Non-Formulary
Lower/Bottom Bunk Only	Accommodations/Comments:
Physical Full Time Wheelchair User	Learning Disability:
Limitations to Transport Vehicle with Lift	Initial Reading Level: 12.9
Job/Other: Lifting Restriction- Unable to Lift more than 19	Initial Reading Level Date: 03/18/2013
Pounds	Durable Medical Equipment: Air Cushion (for
No Rooftop Work	Wheelchair Seat)
Permanent - 12/31/9999	Hearing Aid
	Back Braces
	Compression
	Stocking
	Commode Chair
	Eyeglass Frames
	Hearing / Mobility
	Impaired Disability
	Vest
	Incontinence
	Supplies
	Knee Braces
	Other (Include in
	Comments)
	Therapeutic
	Shoes/Orthotics
	Truss Hernia Support
	Wheelchair
	Languages Spoken:

#### **IMPORTANT DATES**

Date Received: 04/22/1988 Last Returned 06/05/1996 Date: Release Date: 01/21/2038 Release Type: Minimum Eligible Parole Date

#### WORK/VOCATION/PIA

Privilege Group: A Work Group: A1 AM Job Start 03/04/2024 Date: Status: Reentry Position #: ISO.003.003 Position Title: E DRP ISO-3 EDUC RM 188 Regular Days On: Monday, Wed, Friday (13:15:00 -15:15:00)

# Exhibit

#### REASONABLE ACCOMMODATION PANEL (RAP) RESPONSE

RAP Meeting Date: 2/28/2024	Date IAC Received 1824: 2/21/2024	1824 Log Number: 523321
Inmate's Name:	CDCR #:	Housing: G3
	Grievance Representative Grievance,	Custody Appeals Representative Associate
Governmental Program Analyst Field Training Lieutenant	Registered Nurse , Staff Serv	ices Analyst , Staff Services Analyst

Summary of Inmate's 1824 Request: The inmate reports difficulty hearing conversations around him requiring him to wear a hearing aid. The inmate requests issuance of an iPhone or iPad to assist him in his communication with others.

#### Interim Accommodation:

No interim accommodation required: You have a primary method of disability assistance which requires staff to speak loudly and clearly, with an alternate method of hearing aids. iPhones or iPads are intended for individuals with a profound hearing loss, who utilize written notes to achieve effective communication. You are safely accessing programs, services, and activities.

#### RAP RESPONSE:

**RAP is able to render a final decision on the following:** The inmate reports difficulty hearing conversations around him requiring him to wear a hearing aid. The inmate requests issuance of an iPhone or iPad to assist him in his communication with others.

**Response**: On 02/28/2024, the RAP met and discussed your 1824, Reasonable Accommodation Request. Per the Interim Accommodation Procedure (IAP) worksheet, dated 02/21/2024, notes a review of the Strategic Offender Management System (SOMS) indicates you have a DPP verification code of DNH. You have a primary method of disability assistance which requires staff to speak loudly and clearly, with an alternate method of hearing aids. iPhones or iPads are intended for individuals with a DPP verification code of DPH who have profound hearing loss and utilize written notes to achieve effective communication.

The RAP reviewed your request and determined you do not require real time captioning to access programs, services and activities (PSA's). You are encouraged to utilize the appropriate avenues to address issues, such as submitting a 7362 to Health Care Services regarding issues with your hearing aids, or for any medical related requests. If you are dissatisfied or disagree with the treatment being provided by Health Care Services, you may submit a 602HC and your concerns will be addressed through the Health Care Grievance Process. If you disagree with this determination, you may submit a CDCR 602-2, and your concerns will be addressed through the Inmate Appeal Process. You are safely accessing programs, services, and activities.

Direction if dissatisfied: If you disagree with this decision and want to file an appeal/grievance, be sure to attach a copy of this response along with your CDCR 1824 as supporting documents.

N. Scaife

Date sent to inmate:

MAR 2 0 2024

ADA Coordinator/Designee

Signature

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STATE OF CALIFORNIA REASONABLE ACCOMMODATION REQUEST CDCR 1824 (Rev. 09/17)

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DEPARTMENT OF CORRECTIONS AND REHABILITATION

CDCR 1824 (Rev. 03117)				Page 1 of 1
INSTITUTION (Staff use only)	LOG NUMBER (Staff Use On)	y)		EIVED BY STAFF:
SYATE	29239		CSA	IF OFFICE
TALK TO STAFF IF YOU	U HAVE AN EMERGENCY	******	FFR	2 1 2024
DO NOT use a CDCR 1824 to request healt	••			2 7 2024
may delay your access to health care. Insl	· · · · · · · · · · · · · · · · · · ·			
INMATE'S NAME (Print)	CDCR NUMBER	ASSIGNMENT	>	HOUSING
INSTRUCTIONS		6.0.7	·	<u> </u>
<ul> <li>INSTRUCTIONS:</li> <li>You may use this form if you have a physical or mental disability or if you believe you have a physical or mental disability.</li> <li>You may use this form to request a specific reasonable accommodation which, if approved, will enable you to access and/or participate in a program, service or activity. You may also use this form to submit an allegation of disability-based discrimination.</li> <li>Submit this form to the Custody Appeals Office.</li> <li>The 1824 process is intended for an individual's accommodation request. Each individual's request requires a case-by-case review.</li> <li>The CDCR 1824 is a request process, not an appeal process. All CDCR 1824 requests will receive a response.</li> <li>If you have received an 1824 decision that you disagree with, you may submit an appeal (CDCR 602, or CDCR 602-HC if you are disagreeing with a medical diagnosis/treatment decision).</li> </ul>			ou to access and/or lity-based discrimination. lires a case-by-case review. sponse.	
WHAT CAN'T YOU DO / WHAT IS THE PRO	DBLEM?		10 . 31	
I have issues hear	eing people a	remod h	18 [1]	nen
I'M having CONVER	sations			
Made me have to vo	ise I had An Deak A Heaking	Ear R. AID.	JPtueE	, which
WHAT DO YOU NEED?			<u> </u>	
	hans wantal	hein	AC AN	MALINIA
I I pad or IP		TOP .		MM CONT COLLE
with my peers,				
]				
				m if more space is needed)
DO YOU HAVE DOCUMENTS THAT DE List and attach documents, if available:	ESCRIBE YOUR DISABILI	IY? Yes [	No 🗌	Not Sure
IT IS NOCUMENTED	I WEAR A H	EARING	AID	
I understand that staff have a right to interview	NOT Aramina ma and Thu faile	cooperate m	ay cause this	request to be disapproved.
INRATES	SIGNATURE	<u> </u>	1/202	14
Assistance In completing this form was provid		'DAT	E SIGNED	-
plovid				
Last Name	First Name	•	Signat	ure

#### Interim Accommodation Procedure (IAP) / Interview Worksheet

DRAFT

Upon receipt of a CDCR 1824, the Institution Appeals Coordinator (IAC) <u>shall complete Step 1 below within 1 working day</u>. Step 2 should be completed whenever the inmate's request is unclear or when additional input from the inmate and/or staff will help the RAP better understand the request.

Inmate:	CDCR #:	CDCR 1824 Log	<u>#:</u>
STEP 1 INTERIM ACCOMMODATION ASS	ESSMENT Da	ate CDCR 1824 received by I	AC: 02 / 21 / 24
Does the inmate raise issues on			
being processed? Base your as: Yes / Unsure (Complete Steps		ite's claim, assuming the cl if the issues below are prese	
		nation for RAP by completing	
Issues that may cause the inmate	injury or other serious har	n include, but are not limited	to:
Falling or the potential for	+	ely navigate stairs.	ee huudu
Cannot safely access upp     Workplace safety concern		order and is assigned an upp vision claims that may jeopar	
· ·	tial manual tasks (e.g., access		
Maintenance, repair, or re	placement of health care appl	ance which involve safety o	oncerns.
	AGPA		02 / 21 / 24
Person Completing Step 1	Title	Signature	Date Completed
STEP 2 CDCR 1824 INTERVIEWS	Note: Be sure to complete St	ep 3 when Step 1 was "Yes/Ur	Isure"
Date assigned: / /	Due back to IAC: /	•	AC:///
Assigned to:			
Information needed:			
			<u> </u>
	<u></u>		
Note 1: Attach a DECS printout listing inr Note 2: IAC and/or RAP may assign to se Inmate Interview Date/Time: Interviewer notes:	elf and obtain information eithe	r telephonically or in person.	. ,
Staff Interviewed:	Title:	Intervi	ew date: / /
Interviewer Notes:			
Staff Interviewed:	Title:	Intervie	ew date: / /
Interviewer Notes:			
Notes: A REVIEW OF SOMS INDICATE	S I/M IS DESIGNATED AS D	H WITH A PRIMARY EC OF	NEED STAFF TO
SPEAK LOUDLY AND CLEARLY FOR INDIVIDUALS WITH A PRO EFFECTIVE COMMUNICATION	FOUND HEARING LOSS (DF	ING AIDS. IPADS OR IPHOI H) WHO UTILIZE WRITTEN	NES ARE INTENDED NOTES FOR
Interviewer (Print Name)	Title		//
		Signature	Date Completed

CDCR #:	CDCR 1824 Log ;	#: <u>523321</u>
ETHER AN INTERIM ACCOMMODATI	ON IS NECESSARY (See No	ote below)
IS NOT required.		
IS required.		
ded:	<u></u>	Date provided: / /
	Pieneture	02 / 228 / 24 Date Completed
	ided:	AGPA

#### IAP processing instructions for the Appeals Coordinator

- Step 1 must always be completed prior to the initial RAP.
- Step 2 should be completed whenever the inmate's request is unclear, or when additional input from the inmate and/or staff will help the RAP better understand the request.
- If Step 1 is "Yes/Unsure," proceed to Steps 2 and/or 3. The interviews conducted in Step 2 will help with the decision in Step 3. Step 3 documents the decision. When the IAC is not able to complete steps 2 & 3 prior to the RAP (e.g, the request was received the day before the RAP) steps 2 and 3 may be completed during the RAP or shortly thereafter. Under no circumstances shall a decision regarding the need for an IAP exceed 5 working days.
- Consult with the ADA Coordinator when unsure which box to check in Step 1.
- Maintain ongoing communication with the ADA Coordinator regarding the interim accommodation process.

#### Step 2 Interviewer Instructions

- Your task is to obtain additional information that will assist the Reasonable Accommodation Panel (RAP) better understand issues raised by an inmate on a CDCR 1824, Reasonable Accommodation Request Form.
- Take a moment to read the CDCR 1824 and then review the information being requested in Step 2. If you need clarification, contact the Appeals Office or the ADA Coordinator.
- Interview the inmate who filed the CDCR 1824 and/or staff who may have knowledge about the inmate's request.
- Inmates often have difficulty expressing themselves in writing. Your interview notes should try to clarify what the problem is, and what the inmate wants (e.g., cane, lower bunk, shower chair, job modification, etc.).
- Reminder. Be sure to return this form to the Inmate Appeals Coordinator by the due date listed in Step 2.

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CDC #: PID #:

## CHSS035CDPP Disability/Accommodation SummaryWednesday February 21, 2024 01:09:38 PM

As of: 02/21/2024

Name:

OFFENDER/PLACEMENT	DISABILITY ASSISTANCE
CDC#:	Current DDP Status: NCF
Name:	DDP Adaptive None
Facility: SATE-Facility G	Support Needs:
Housing Area/Bed: G 003	Current DDP Status Date: 07/16/2001
Placement Score: 18	DPP Codes: DNH
Custody Medium (A)	DPP Determination Date: 07/10/2022
Designation:	Current MH LOC: EOP
Housing Program: Enhanced Out Patient	Current MH LOC Date: 10/17/2023
Housing Lower/Bottom Bunk Only	SLI Required: No
Restrictions:	Interview Date: 03/07/2023
Physical Limitations	Primary Method(s) - Hearing: Need Staff to Speak Loudly and
to Job/Other:	Clearly
	Alternate Method - Hearing: Hearing Aids
	Non-Formulary
	Accommodations/Comments: TimeStamp: 7 March 2023 13:05:3 User:
	Learning Disability:
	Initial Reading Level: 09.0
	Initial Reading Level Date: 02/23/2023
	Durable Medical Equipment: Hearing Aid
	Compression Stocking
	Hearing Impaired Disability Vest
	Languages Spoken:
	and an above of the second sec

#### **IMPORTANT DATES**

Date Received: 03/27/2019 Last Returned Date: Release Date: 10/20/2040 Release Type: Earliest Possible Release Date

#### WORK/VOCATION/PIA

Privilege Group: A Work Group: A1 AM Job Start Date: Status: Position #: Position Title: Regular Days On:

# Exhibit 6

#### REASONABLE ACCOMMODATION PANEL (RAP) RESPONSE

RAP Meeting Date: 2/	21/2024 D	ate IAC Received 1824: 2	/15/2024 18	824 Log Number:	520909
Inmate's Name:		CDCR #:	Hou	ising: D3	
Representative	DA Coordinator N. Sca , Custody Appeals R d Training Lieutenant		ve G. Ugwueze, Psych sociate Governmental		Health Care Grievance , Staff Services

Summary of Inmate's 1824 Request: The inmate reports their hearing aids do not work correctly. The inmate requests a new pair of updated hearing aids. The inmate requests Communication Access Realtime Translation (CART) Services at an upcoming Rule Violation Report (RVR) hearing and Board of Prison Hearing (BPH).

#### Interim Accommodation:

No interim accommodation required: You are accommodated with a pocket talker as of 10/06/2023.

#### RAP RESPONSE:

**RAP is able to render a final decision on the following:** The inmate reports their hearing aids do not work correctly. The inmate requests a new pair of updated hearing aids. The inmate requests Communication Access Realtime Translation (CART) Services at an upcoming Rule Violation Report (RVR) hearing and Board of Prison Hearing (BPH).

Response: On 02/21/2024, the RAP met and discussed your 1824, Reasonable Accommodation Request.

Per the Interim Accommodation Procedure (IAP) worksheet, dated 02/15/2024, notes you are accommodated with a pocket talker as of 10/06/2023. Your request for a new hearing aid is duplicative to Log# 520905. Your request was forwarded to healthcare (HC) for input regarding your request for new hearing aids. You are encouraged to utilize a 7362 for medical related requests. You have already requested CART service for BPH during 1073 interview with your assigned Correctional Counselor I.

The Americans with Disabilities Act Coordinator (ADAC) has reviewed your request for CART service during due process events. You are designated DNH, meaning your hearing loss is not so severe that you must rely on written communication. Rather, you have residual hearing at a functional level with hearing aids. Furthermore, you possess a personal sound amplification product (PSAP) to provide even further assistance with hearing. Your recent effective communication (EC) history has been reviewed, showing successful EC achievement at due process events using existing methods, such as staff speaking loudly and clearly, and your use of hearing aids. Therefore, the ADAC determined you do not require CART to establish EC, as currently available methods have proven to provide equal accessible means.

Due to its nature, your request was forwarded to Health Care Services for input. Health Care Services provided the RAP with a Disability Verification Process (DVP) Worksheet indicating your request is a duplicate to Log# 520905 – An order has been placed for you to follow up with the Hearing Aid Specialist for malfunctioning hearing aids. You are accommodated with a hearing-impaired disability vest.

You are encouraged to utilize the appropriate avenues to address issues, such as submitting a 7362 to Health Care Services for any medical related requests. If you are dissatisfied or disagree with the treatment being provided by Health Care Services, you may submit a 602HC and your concerns will be addressed through the Health Care Grievance Process. If you disagree with this determination, you may submit a CDCR 602-2, and your concerns will be addressed through the Inmate Appeal Process.

Direction if dissatisfied: If you disagree with this decision and want to file an appeal/grievance, be sure to attach a copy of this response along with your CDCR 1824 as supporting documents.

N. Scaife

Date sent to inmate:

MAR 1 3 2024

ADA Coordinator/Designee

Signature

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STATE OF CALIFORNIA REASONABLE ACCOMMODATION REQUEST, CDCR 1824 (Rev. 09/17)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

:DCR 1824 (Rev. 09/17)				Page 1 of 1
INSTITUTION (Staff use only)	LOG NUMBER (Staff Use (		DATE RECE	TVED BY STAFF:
3911		<u>M</u>	<b>M</b>	' OFFICE
**************************************	•		+EB	15 2024
<u>DO NOT</u> use a CDCR 1824 to request healt may delay your access to health care. Inst			OF CD	- <i>LUZY</i>
INMATE'S NAME (Origh)			OF GRIF	HOUSING
	CDCR NUMBER			D3-
		DRY		_ כע
<ul> <li>NSTRUCTIONS:</li> <li>You may use this form if you have a physic</li> <li>You may use this form to request a specific participate in a program, service or activity</li> </ul>	c reasonable accommodatio You may also use this form	n which, if approved	, will enable y	ou to access and/or
<ul> <li>Submit this form to the Custody Appeals O</li> <li>The 1824 process is intended for an individ</li> <li>The CDCR 1824 is a request process, not</li> <li>If you have received an 1824 decision that</li> </ul>	dual's accommodation reque an appeal process. All CDC you disagree with, you may	R 1824 requests wi	Il receive a re	sponse.
disagreeing with a medical diagnosis/treatr			•	
WHAT CAN'T YOU DO / WHAT IS THE PRO	OBLEM?	hain	IND	ach
				ung
issues_		l U	/	
WHY CAN'T YOU DO IT? Heen	ris impa	ir.		
WHAT DO YOU NEED?	eed new	heru	by or	'd s
Flame 250 F				for
my up coming h	oopus [15		U	nd
Parkle boand	nenny	- (Use the bi	ack of this for	n if more space is needed)
O YOU HAVE DOCUMENTS THAT D	ESCRIBE YOUR DISABI	LITY? Yes		Not Sure
ist and attach documents, if available:		~		
N	Nedical Al	A Com	Ans	Ar Sam
understand that staff have a right to interview	SIGNATURE	ilure to cooperate m	ay cause this $24$	request to be disapproved.
Assistance in completing this form was provid		<b>DATI</b>	= <i>f</i> SIGNED	
Last Name	First Name		Signat	Ura

## Interim Accommodation Procedure (IAP) / Interview Worksheet

DRAFT

Upon receipt of a CDCR 1824, the Institution Appeals Coordinator (IAC) <u>shall complete Step 1 below within 1 working day</u>. Step 2 should be completed whenever the inmate's request is unclear or when additional input from the inmate and/or staff will help the RAP better understand the request.

Inmate:		CDCR 1824 Log #: 52	0909	
STEP 1 INTERIM ACCOMMODATION ASSESSMEN	IT Da	ate CDCR 1824 received by IAC: _	)2 / 15 / 24	
Does the inmate raise issues on the CD being processed? <b>Base your assessme</b>	ent solely on the inma	ite's claim, assuming the claim i	s true.	
Yes / Unsure (Complete Steps 2 &/or 3) Vo (None of the issues below are present) [Note: IAC may still obtain information for RAP by completing Step 2]				
<ul> <li>Issues that may cause the inmate injury</li> <li>Falling or the potential for falling.</li> </ul>		m include, but are not limited to: ely navigate stairs.		
		order and is assigned an upper but	nk.	
Workplace safety concerns.		vision claims that may jeopardize s		
		dining hall, carry food tray, showe		
		fances which involve safety concer		
AGPA			/ 15 / 24	
Person Completing Step 1	Title	Signature Dat	e Completed	
STEP 2 CDCR 1824 INTERVIEWS Note:	Be sure to complete St	ep 3 when Step 1 was "Yes/Unsure"	· · · · · · · · · · · · · · · · · · ·	
	back to IAC:/	•	://	
Assigned to: / /			· / /	
Information needed:				
	<u> </u>		<u></u>	
Note 1: Attach a DECS printout listing inmate's of Note 2: IAC and/or RAP may assign to self and of			core, etc.)	
Inmate Interview Date/Time:	Locatio	in:		
Interviewer notes:				
	·····		<u>_</u>	
	<u> </u>			
Staff interviewed:	Title:	Interview da	ate: / /	
Interviewer Notes:				
			······································	
Staff Interviewed:	Title:	Interview da	ate: / /	
Interviewer Notes:				
Ilmis accommodated w	10 pocket Th	the as of 10/10/23		
Notes: REQUEST FOR HA DUPLICATE TO 52	-	•		
HEARING AIDS. I/M IS ENCOURAGED	TO UTILIZE A 7362 F	OR MEDICAL RELATED RECUES	TO MALLAC	
ALREADY REQUESTED CART FOR BE     BEQUEST FOR CART DURING CDCR	'H DURING 1073 INTE	RVIEW WITH COUNSELOR. AD/	<b>C WILL REVIEW</b>	
Interviewer (Print Name)			_//	
		Signature Da	ate Completed	

		IAP / Interview W	orksheet	DRAFT
mate:		CDCR #:	CDCR 1824 Log	g #: <u>520909</u>
p 3: DECISION REC	SARDING WHETHER	AN INTERIM ACCOMMODA	TION IS NECESSARY (See I	Note below)
An Interim Acc	commodation IS_NO	<u>required</u> .		
Reason:		·····		
An Interim Acc	commodation <u>IS req</u>	uired.		
Reason:				
Accommoda	tion(s) provided:			Date provided: //
				///
Comments: _				
	AGF	A		02 / 16 / 24
Person Completing	Step 3	Title	Signature	Date Completed

#### AP processing instructions for the Appeals Coordinator

- Step 1 must always be completed prior to the initial RAP.
- Step 2 should be completed whenever the inmate's request is unclear, or when additional input from the inmate and/or staff will help the RAP better understand the request.
- If Step 1 is "Yes/Unsure," proceed to Steps 2 and/or 3. The interviews conducted in Step 2 will help with the decision in Step 3. Step 3 documents the decision. When the IAC is not able to complete steps 2 & 3 prior to the RAP (e.g, the request was received the day before the RAP) steps 2 and 3 may be completed during the RAP or shortly thereafter. Under no circumstances shall a decision regarding the need for an IAP exceed 5 working days.
- Consult with the ADA Coordinator when unsure which box to check in Step 1.
- Maintain ongoing communication with the ADA Coordinator regarding the interim accommodation process.

#### Step 2 Interviewer Instructions

- Your task is to obtain additional information that will assist the Reasonable Accommodation Panel (RAP) better understand issues raised by an inmate on a CDCR 1824, Reasonable Accommodation Request Form.
- Take a moment to read the CDCR 1824 and then review the information being requested in Step 2. If you need clarification, contact the Appeals Office or the ADA Coordinator.
- Interview the inmate who filed the CDCR 1824 and/or staff who may have knowledge about the inmate's request.
- Inmates often have difficulty expressing themselves in writing. Your interview notes should try to clarify what the problem is, and what the inmate wants (e.g., cane, lower bunk, shower chair, job modification, etc.).
- Reminder. Be sure to return this form to the Inmate Appeals Coordinator by the due date listed in Step 2.

DRAFT

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CDC #: PID #:

## CHSS035CDPP Disability/Accommodation SummaryThursday February 15, 2024 02:14:33 PM

As of: 02/15/2024

Name:

OFFENDER/PLACEMENT	DISABILITY ASSISTANCE
CDC#:	Current DDP Status: NCF
Name:	DDP Adaptive None
Facility: SATF-Facility D	Support Needs:
Housing Area/Bed: D 003	Current DDP Status Date: 09/11/2001
Placement Score: 104	DPP Codes: DPW, DNH
Custody Medium (A)	DPP Determination Date: 06/19/2023
Designation:	Current MH LOC: CCCMS
Housing Program: Sensitive Needs Yard	Current MH LOC Date: 10/14/2020
Housing Barrier Free/Wheelchair Accessible	SLI Required: No
Restrictions: Ground Floor-No Stairs	Interview Date: 07/05/2023
Lower/Bottom Bunk Only	Primary Method(s) - Hearing: Hearing Aids
Trapeze Bar Required	Alternate Method - Hearing: Need Staff to Speak Loudly
hysical Limitations Full Time Wheelchair User	and Clearly
to Job/Other: Transport Vehicle with Lift	Non-Formulary EEC 128B completed by SLI
Special Cuffing Needed	Accommodations/Comments:
Lifting Restriction- Unable to Lift more	Learning Disability:
than 19 Pounds	Initial Reading Level: 12.9
Permanent - 12/31/9999	Initial Reading Level Date: 11/16/2012
	Durable Medical Equipment: Air Cell Cushion - High Profi
	(Roho)
	Hearing Aid
	Back Braces
	Canes
	Non-invasive Airway Assisti
	Devices - C-Pap Machine
	Electrical Access
	Evention Access Evention Frames
	Hearing / Mobility Impaired
	Disability Vest
	Incontinence Supplies
	Knee Braces
	Night Guard
	Therapeutic Shoes/Orthotics
	Wheelchair
	Languages Spoken:

#### IMPORTANT DATES

Date Received: 10/01/1991 Last Returned Date: Release Date: 05/20/2006 Release Type: Minimum Eligible Parole Date

#### WORK/VOCATION/PIA

Privilege Group: A Work Group: A1 AM Job Start 09/30/2023 Date: Status: Full Time Position #: AD1.002.022 Position Title: D B-3 ADA WORKER GROUP A Regular Days On: Sun,Mon,Tue, Fri,Sat (13:00:00 -16:45:00) Sun,Mon,Tue, Fri,Sat (17:30:00 -20:30:00) Case 4:94-cv-02307-CW Document 3630-9 Filed 10/16/24 Page 72 of 96

Disability Verification Process (DVP)	INMATE'S NAME (Print)	CDCR 1824 LOG NUMBER
Worksheet		
SIDE 1		520909
	CDCR NUMBER	

#### INSTRUCTIONS

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- A SME Shall COMPLETE SECTION 1 prior to or during the INITIAL RAP.
- When the RAP needs more information, the ADA Coordinator shall complete Section 2 during the RAP and assign the DVP for Section 3 to be completed (See back of form).

SECTION 1 – SME FINDINGS
Person completing worksheet: G. Ugwueze, MD Title: CME
Type of Review: 🔽 Health care review 🗌 Mental Health review 🗌 Education / learning disability review
Other review:
File Review conducted. Documents obtained:
CDCR 1845 dated:// CDCR 7410 dated:// CDCR 128-C2: dated://
CDCR 7536 dated:// CDC 7221-DME dated://
CDCR 128-C3: dated:// CDCR 7386: dated:// CDCR 7388: dated://
Other: dated: / / Other: dated: / /
Recently evaluated for this issue. Date seen://
Evaluation (exam/interview) scheduled. Anticipated date to be seen://
***************************************
Disability indicated: 🖌 Yes 🔄 No 🔄 Unable to Determine
DPP: DPW, DNH Summary of findings: <u>DME: Air cell cushion - high profile (ROHO), back braces, cane, HID/MID vest,</u> eyeglass frames, hearing aid, incontinence supplies, knee braces, C-Pap, therapeutic shoes/orthotics, wheelchair
Summary of limitations: Trapeze bars, barrier free wheelchair access, ground floor-no stairs, bottom bunk, full time wheelchair user, transport vehicle w/ lift, special cuffing, lifting restriction
Comments: <u>Duplicate to 520905 - Order has been placed for patient to follow up with Hearing Aid</u> Specialist for malfunctioning hearing aids. Patient is accommodated with a hearing impaired disability vest.
Signature of Subject Matter Expert Date Signed
DVP Worksheet - Assignment - rev 8-17-17

# Exhibit

Case 4:94-cv-023	307-CW Document 3630-9 Filed	10/16/24 Page 74 of 96
REASONABLE ACCOMMOD	ATION PANEL (RAP) RESPONSE	
RAP Meeting Date: 10/11/2023	Date IAC Received 1824: 10/6/2023	1824 Log Number: 460315
Inmate's Name:	CDCR #:	Housing: D3
Psychologist Dr. , Health Care	e Grievance Representative , Custo	dy Appeals Representative G. Ugweze, ady Appeals Representative G. Ugweze, gistered Nurse G. Ugweze, Staff Services Analyst
	: The inmate states they are having trouble h es (CART) at their Board of Prison Hearing (BP	earing. The inmate requests to use Communication PH) in November.

#### Interim Accommodation:

No interim accommodation required: You are safely accessing programs, services, and activities.

#### **RAP RESPONSE:**

RAP is able to render a final decision on the following: The inmate states they are having trouble hearing. The inmate requests to use Communication Access Real-Time Translation Services (CART) at their Board of Prison Hearing (BPH) in November.

**Response**: On 10/11/2023, the RAP met and discussed your 1824, Reasonable Accommodation Request. Your request to receive CART services at your BPH hearing in November was reviewed by the RAP committee. A review of SOMS indicates you are designated DNH and are accommodated with hearing aids. A review of your communication methods shows that you do not require written notes to establish effective communication (EC). Currently, the California Department of Correction and Rehabilitation (CDCR) offers CART to qualifying individuals during classification committees, Administrative Segregation Unit (ASU) Placement Notice Hearings, Rule Violation Report (RVR) Hearings, and biannual interviews covered by the staff misconduct orders.

Your request to use CART services has been denied. You may request additional assistance from BPH staff during your BPH hearing. Staff will continue to establish EC with you by ensuring you are wearing your hearing aids and speaking loudly and clearly if your hearing aids are not available or not working. You are safely accessing programs, services, and activities. You may request additional assistance from BPH staff during your BPH hearing.

Direction if dissatisfied: If you disagree with this decision and want to file an appeal/grievance, be sure to attach a copy of this response along with your CDCR 1824 as supporting documents.

N. Scaife

1.5

ADA Coordinator/Designee

Signature

Date sent to inmate:

CSATE OFFICE NOV 0 3 2023 OF GRIEVANCES Case 4:94-cv-02307-CW Document 3630-9 Filed 10/16/24 Page 75 of 96

STATE OF CALIFORNIA REASONABLE ACCOMMODATION REQUEST CDCR 1824 (Rev. 09/17)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

		10		Page 1 of 1
INSTITUTION (Staff use only)	LOG NUMBER (Staff Use On	עו		EIVED BY STAFF:
DHTF	1 700315		CS	ATF OFFICE
DO NOT use a CDCR 1824 to request heal	U HAVE AN EMERGENCY		0	CT U 6 2023
may delay your access to health care. Ins			05	0 2023
INMATE'S NAME (Print)	CDCR NUMBER	ASSIGNMENT	7.000	HEVSINGES
		PRT/	AIA	D3-
INSTRUCTIONS:				
<ul> <li>You may use this form if you have a physi</li> <li>You may use this form to request a specifier</li> </ul>		15		
participate in a program, service or activity		o submit an allega	ation of disabi	ility-based discrimination.
<ul> <li>Submit this form to the Custody Appeals C</li> <li>The 1824 process is intended for an indivi</li> </ul>		Each individual'	s request requ	uires a case-by-case review
The CDCR 1824 is a request process, not	an appeal process. All CDCR	1824 requests wi	Il receive a re	sponse.
<ul> <li>If you have received an 1824 decision tha disagreeing with a medical diagnosis/treat</li> </ul>		ıbmit an appeal (C	DCR 602, or	CDCR 602-HC if you are
WHAT CAN'T YOU DO / WHAT IS THE	•			
My Courselor CCI	told me	to the	n in	1824 form
for hearing assis		CART	- vit	- real live
captioning for n	ny BPH Con	ning up	2 in	Nevember,
l	1	/		· · · · · · · · · · · · · · · · · · ·
	•			
I'm having tron	ble hearing.			,
	,			
			and a second	
WHAT DO YOU NEED?	antonius d	wrin 1	ny B	PH hearing
per title 15, CCR	Skaplon (22	510	7	
1				
				· · · · · · · · · · · · · · · · · · ·
dia Managara				
		Use the bac	k of this form	if more space is needed)
DO YOU HAVE DOCUMENTS THAT D	ESCRIBE YOUR DISABILI	TY? Yes	V No []	Not Sure
List and attach documents, if available:		1 1.	0	
A	DA Accomp	odety	n Co	usmun loth
Summary Star	tus of Med	1 521 1-1	R.	
I understand that staff have a right to intervie	ew or examine me, and my failu	re to cooperate m	ay cause this	request to be disapproved.
INMATE'S	SIGNATURE	/8/	5/23	,
Assistance in completing this form was provi		DAI		
Last Name	First Name		Signa	ture
Land and the second				

### Case 4:94-cv-02307-CW Document 3630-9 Filed 10/16/24 Page 76 of 96

#### Interim Accommodation Procedure (IAP) / Interview Worksheet

DRAFT

Upon receipt of a CDCR 1824, the Institution Appeals Coordinator (IAC) <u>shall complete Step 1 below within 1 working day</u>. Step 2 should be completed whenever the inmate's request is unclear or when additional input from the inmate and/or staff will help the RAP better understand the request.

Inmate:	CDCR #:	CDCR 1824 Log	#: <u>460315</u>
<ul> <li>Workplace safety concerns</li> <li>Inability to perform essentia</li> <li>Maintenance, repair, or rep</li> </ul>	e CDCR 1824 that may ca essment solely on the inm &/or 3) No (None obtain infor injury or other serious ha alling. Cannot sa r bunk. Seizure di . Hearing o al manual tasks (e.g., acces	Date CDCR 1824 received by I use the inmate injury or other nate's claim, assuming the cl of the issues below are present mation for RAP by completing rm include, but are not limited fely navigate stairs. sorder and is assigned an upp r vision claims that may jeopar as dining hall, carry food tray, so	AC: <u>10</u> / <u>6</u> / <u>2023</u> <b>ir serious harm</b> while it is <b>aim is true.</b> ht) [Note: IAC may still Step 2] to: er bunk. dize safety. hower, use toilet).
	nue	Signature	Date Completed
STEP 2       CDCR 1824 INTERVIEWS         Date assigned:       / /         Assigned to:          Information needed:	Due back to IAC: / ate's current status (includir and obtain information eith	g DPP codes, DDP codes, TA er telephonically or in person. on:	BE score, etc.)
Staff Interviewed:	Title:		ew date: / /
Staff Interviewed:		Intervi	ew date: / /
Notes: I/M is DNH with a primary commur and clearly."	nication method of "hearing	aids" and a secondary of "nee	d staff to speak loudly
Interviewer (Print Name)	Title	Signature	// Date Completed

IAP / Interview Worksheet

Inmate	t:	CDCR #:	CDCR 1824 Log #: 4	60315	
itep 3:	DECISION REGARDING WHETHER AN	N INTERIM ACCOMMODATION	IS NECESSARY (See Note b	elow)	
	An Interim Accommodation IS NOT	required			
	Reason:				
	An Interim Accommodation IS requi	red.			
	Reason:				
	Accommodation(s) provided:			Date provided: / /	:
				//	
				//	
	Comments:				
				//_	
Pe	rson Completing Step 3	Title	Signature	Date Completed	1

#### IAP processing instructions for the Appeals Coordinator

- Step 1 must always be completed prior to the initial RAP.
- Step 2 should be completed whenever the inmate's request is unclear, or when additional input from the inmate and/or staff will help the RAP better understand the request.
- If Step 1 is "Yes/Unsure," proceed to Steps 2 and/or 3. The interviews conducted in Step 2 will help with the decision in Step 3. Step 3 documents the decision. When the IAC is not able to complete steps 2 & 3 prior to the RAP (e.g, the request was received the day before the RAP) steps 2 and 3 may be completed during the RAP or shortly thereafter. Under no circumstances shall a decision regarding the need for an IAP exceed 5 working days.
- Consult with the ADA Coordinator when unsure which box to check in Step 1.
- Maintain ongoing communication with the ADA Coordinator regarding the interim accommodation process.

#### Step 2 Interviewer Instructions

- Your task is to obtain additional information that will assist the Reasonable Accommodation Panel (RAP) better understand issues raised by an inmate on a CDCR 1824, Reasonable Accommodation Request Form.
- Take a moment to read the CDCR 1824 and then review the information being requested in Step 2. If you need
  clarification, contact the Appeals Office or the ADA Coordinator.
- Interview the inmate who filed the CDCR 1824 and/or staff who may have knowledge about the inmate's request.
- Inmates often have difficulty expressing themselves in writing. Your interview notes should try to clarify what the problem is, and what the inmate wants (e.g., cane, lower bunk, shower chair, job modification, etc.).
- Reminder. Be sure to return this form to the Inmate Appeals Coordinator by the due date listed in Step 2.

DRAFT

Case 4:94-cv-02307-CW Document 3630-9 Filed 10/16/24 Page 78 of 96

CDC #: PID #:

### Name: CHSS035CDPP Disability/Accommodation Summary Friday October 06, 2023 10:30:02 AM

As of: 10/06/2023

OFFENDER/PLACEMENT	DISABILITY ASSISTANCE
CDC#:	Current DDP Status: NCF
Name:	DDP Adaptive None
Facility: SATF-Facility D	Support Needs:
Housing Area/Bed: D 003	Current DDP Status Date: 09/11/2001
Placement Score: 104	DPP Codes: DPW, DNH
Custody Medium (A)	DPP Determination Date: 06/19/2023
Designation:	Current MH LOC: CCCMS
Housing Program: Sensitive Needs Yard	Current MH LOC Date: 10/14/2020
Housing Barrier Free/Wheelchair Accessible	SLI Required: No
Restrictions: Ground Floor-No Stairs	Interview Date: 07/05/2023
Lower/Bottom Bunk Only	
	Primary Method(s) - Hearing: Hearing Aids
Trapeze Bar Required	Alternate Method - Hearing: Need Staff to Speak Loudly
Physical Full Time Wheelchair User	and Clearly
Limitations to Transport Vehicle with Lift	Non-Formulary EEC 128B completed by SLI
Job/Other: Special Cuffing Needed	Accommodations/Comments:
Lifting Restriction- Unable to Lift more	Learning Disability:
than 19 Pounds	Initial Reading Level: 12.9
Permanent - 12/31/9999	Initial Reading Level Date: 11/16/2012
A MONTRADICAL CONTRACTANCE & R.C.	Durable Medical Equipment: Air Cell Cushion - High
	Profile (Roho)
	Hearing Aid
	Back Braces
	Canes
	Non-invasive Airway
	Assistive Devices - C-Pap
	Machine
	Mobility Impaired Disability
	Vest
	Electrical Access
	Eyeglass Frames
	Hearing Impaired Disability
	Vest
	Incontinence Supplies
	Knee Braces
	Night Guard
	Therapeutic Shoes/Orthotics
	Wheelchair
	Languages Spoken:
IMPORTANT DATES	WORK/VOCATION/PIA
Date Received: 10/01/1991	Privilege Group: A
Last Returned	Work Group: A1
Date:	AM Job Start 09/30/2023
Release Date: 04/20/2006	Date:
Release Type: Minimum Eligible Parole Date	Status: Full Lime
Release Type: Minimum Eligible Parole Date	Status: Full Time
Release Type: Minimum Eligible Parole Date	Position #: AD1.002.022
Release Type: Minimum Eligible Parole Date	Position #: AD1.002.022 Position Title: D B-3 ADA WORKER GROUP A
Release Type: Minimum Eligible Parole Date	Position #: AD1.002.022 Position Title: D B-3 ADA WORKER GROUP A Regular Days On: Sun,Mon,Tue, Fri,Sat (13:00:00 -
Release Type: Minimum Eligible Parole Date	Position #: AD1.002.022 Position Title: D B-3 ADA WORKER GROUP A Regular Days On: Sun,Mon,Tue, Fri,Sat (13:00:00 - 16:45:00)
Release Type: Minimum Eligible Parole Date	Position #: AD1.002.022 Position Title: D B-3 ADA WORKER GROUP A Regular Days On: Sun,Mon,Tue, Fri,Sat (13:00:00 -

# Exhibit

#### REASONABLE ACCOMMODATION PANEL (RAP) RESPONSE

RAP Meeting Date: 2/14/2024	Date IAC Received 1824: 2/8/2024	1824 Log Number: 517620		
Inmate's Name:	CDCR #:	Housing: G1		
RAP Staff Present: ADA Coordinat Dr. Health Care Grievance Program Analyst Register	Representative Custody Appeals	erjee, Chief Medical Executive G. Ugwueze, Psychologist s Representative Associate Governmental Staff Services Analyst		
Summary of Inmate's 1824 Request: The inmate requests an iPhone or iPad with text to speech technology.				

#### Interim Accommodation:

No interim accommodation required: You are safely accessing programs, services, and activities.

#### RAP RESPONSE:

RAP is able to render a final decision on the following: The inmate requests an iPhone or iPad with text to speech technology.

Response: On 02/14/2024, the RAP met and discussed your 1824, Reasonable Accommodation Request.

Per the Interim Accommodation Procedure (IAP) worksheet, dated 02/08/2024, notes a review of the Strategic Offender Management System (SOMS) indicates you have a DPP verification code of DNH with a primary method of disability assistance which requires staff to speak loudly and clearly, and an alternate method of use of hearing aids. Issuance of iPhone technology is intended for individuals with profound hearing loss who utilize written notes to achieve effective communication.

The RAP reviewed your request and determined you do not meet criteria for issuance of iPhone technology as a reasonable accommodation. If you disagree with this determination, you may submit a CDCR 602-2, and your concerns will be addressed through the Inmate Appeal Process.

**Direction if dissatisfied**: If you disagree with this decision and want to file an appeal/grievance, be sure to attach a copy of this response along with your CDCR 1824 as supporting documents.

N. Scaife

1.5ml

Date sent to inmate:

MAR 0 7 2024

ADA Coordinator/Designee

Signature

4:94-cv-02307-CW Document 3630-9 Filed 10/16/24 Page 81 of 96 DEPARTMENT OF CORRECTIONS AND REHABILITATION STATE OF CALIFORNIA **REASONABLE ACCOMMODATION REQUEST** CDCR 1824 (Rev. 09/17) Page 1 of 1 INSTITUTION (Staff use only) LOG NUMBER (Staff Use Only) DATE RECEIVED BY STAFF: CSAL 517620 FEB 68 2024 \*\*\*\*\*\*\*\*TALK TO STAFF IF YOU HAVE AN EMERGENCY DO NOT use a CDCR 1824 to request health care or to appeal a health care decision. This OF GRIEVANCES may delay your access to health care. Instead, submit a CDC 7362 or a CDCR 6024HC INMATE'S NAME (Print) CDCR NUMBER ASSIGNMENT HOUSING AT Dıl - 2 INSTRUCTIONS: You may use this form if you have a physical or mental disability or if you believe you have a physical or mental disability. You may use this form to request a specific reasonable accommodation which, if approved, will enable you to access and/or. participate in a program, service or activity. You may also use this form to submit an allegation of disability-based discrimination, Submit this form to the Custody Appeals Office. The 1824 process is intended for an individual's accommodation request. Each individual's request requires a case-by-case review. The CDCR 1824 is a request process, not an appeal process. All CDCR 1824 requests will receive a response, If you have received an 1824 decision that you disagree with, you may submit an appeal (CDCR 602, or CDCR 602-HC if you are disagreeing with a medical diagnosis/treatment decision). Twould like to be provided an (Iphone/Ipad) with speech WHAT CAN'T YOU DO / WHAT IS THE PROBLEM? text technolog ave not issued them WHY CAN'T YOU DO IT? Iphone/Ipord) with "Speech-to-tex-WHAT DO YOU NEED? techaploo (Use the back of this form if more space is needed) No 🛄 Not Sure DO YOU HAVE DOCUMENTS THAT DESCRIBE YOUR DISABILITY? Yes N List and attach documents, if available: and my failure to cooperate may cause this request to be disapproved. ) understand that IMMATE'S SIGNAZURE Assistance in completing this form was provided by: Signature First Name Last Name

# Case 4:94-cv-02307-CW Document 3630-9 Filed 10/16/24 Page 82 of 96 DRAFT

# Interim Accommodation Procedure (IAP) / Interview Worksheet

Upon receipt of a CDCR 1824, the Institution Appeals Coordinator (IAC) <u>shall complete Step 1 below within 1 working day</u>. Step 2 should be completed whenever the inmate's request is unclear or when additional input from the inmate and/or staff will help the RAP better understand the request.

	CDCR #:	CDCR 1824 L	og #: <u>517620</u>
STEP 1 INTERIM ACCOMMODATION ASS	ESSMENT D	ate CDCR 1824 received	by IAC: 02 / 08 / 24
Does the inmate raise issues on being processed? Base your as	ssessment solely on the inma	ate's claim, assuming the	e claim is true.
Yes / Unsure (Complete Step		of the issues below are pre nation for RAP by complet	
Issues that may cause the inmat			• • •
Falling or the potential for	•	ely navigate stairs.	unnor hunk
Cannot safely access up     Workplace safety concer		order and is assigned an vision claims that may jeo	
	ntial manual tasks (e.g., access		
Maintenance, repair, or r	replacement of health care app AGPA	lianges/which involve safe	•
Person Completing Step 1	Title	Signature	02 / 08 / 24 Date Completed
STEP 2 CDCR 1824 INTERVIEWS	Note: Be sure to complete St	ep 3 when Step 1 was "Yes	/Unsure"
Date assigned: / /	Due back to IAC: /		d to IAC://
Assigned to:			
Information needed:	<u></u>		
	· · · · · · · · · · · · · · · · · · ·		
	<b>_</b>		
Note 1: Attach a DECS printout listing in			
Note 2: IAC and/or RAP may assign to s			
Inmate Interview Date/Time:		on:	
Interviewer notes:			
Staff Interviewed:	Title:	Inte	
Staff Interviewed:	Title:	Inte	
	Title:	Inte	
Interviewer Notes:	Title:	Inte	erview date: / /
Interviewer Notes:	Title: Title:	Inte	erview date: / /
Interviewer Notes:	Title: Title:	Inte	erview date: / /
Interviewer Notes:	Title: Title:	Inte	erview date: / / erview date: / /
Interviewer Notes:	Title: Title: Title: Title: 	Inte	erview date: / / erview date: / / erview date: / / NEED STAFF TO SPEAK NE TECHNOLOGY IS
Interviewer Notes:	Title: Title: Title: Title: 	Inte	erview date:// erview date:// NEED STAFF TO SPEAK NE TECHNOLOGY IS NETEN NOTES FOR EC.
Interviewer Notes:	Title: Title: Title: Title: 	Inte	erview date: / / erview date: / / erview date: / / NEED STAFF TO SPEAK NE TECHNOLOGY IS

IAP / Interview Worksheet

CDCR #:

-		
	RΔ	FT
	ັ	

CDCR 1824 Log #: 517620

itep 3:	DECISION REGARDING W	HETHER AN INTERIM ACCOMMO	DATION IS NECESSARY (See I	 Note below)
	An Interim Accommodatio	n <u>IS NOT required</u> .		
	An Interim Accommodation	n <b>IS required</b> .		
	Reason:			
	Accommodation(s) prov	/ided:		Date provided:
				///////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////// _
	Comments:			
		AGPA		02 / 08 / 24
Pe	erson Completing Step 3	Title	Signature	Date Completed

Note: When information is unable to prove or disprove a claim, consider an interim accommodation as a precautionary measure.

#### **IAP processing instructions for the Appeals Coordinator**

Step 1 must always be completed prior to the initial RAP. .

Inmate:

- Step 2 should be completed whenever the inmate's request is unclear, or when additional input from the inmate and/or • staff will help the RAP better understand the request.
- If Step 1 is "Yes/Unsure," proceed to Steps 2 and/or 3. The interviews conducted in Step 2 will help with the decision in . Step 3. Step 3 documents the decision. When the IAC is not able to complete steps 2 & 3 prior to the RAP (e.g, the request was received the day before the RAP) steps 2 and 3 may be completed during the RAP or shortly thereafter. Under no circumstances shall a decision regarding the need for an IAP exceed 5 working days.
- Consult with the ADA Coordinator when unsure which box to check in Step 1. .
- Maintain ongoing communication with the ADA Coordinator regarding the interim accommodation process. .

#### Step 2 Interviewer Instructions

- Your task is to obtain additional information that will assist the Reasonable Accommodation Panel (RAP) better understand • issues raised by an inmate on a CDCR 1824, Reasonable Accommodation Request Form.
- Take a moment to read the CDCR 1824 and then review the information being requested in Step 2. If you need . clarification, contact the Appeals Office or the ADA Coordinator.
- Interview the inmate who filed the CDCR 1824 and/or staff who may have knowledge about the inmate's request. .
- Inmates often have difficulty expressing themselves in writing. Your interview notes should try to clarify what the problem is, and what the inmate wants (e.g., cane, lower bunk, shower chair, job modification, etc.).
- Reminder. Be sure to return this form to the Inmate Appeals Coordinator by the due date listed in Step 2.

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CDC #:

PID #:

# CHSS035CDPP Disability/Accommodation Summary Thursday February 08, 2024 11:45:14 AM

As of: 02/08/2024

Name:

Physical No Rooftop Work       Alternate Method - Hearing: Hearing Aids         Limitations to Permanent - 12/31/9999       Non-Formulary Per E/C chrono dated 06/06/18.         Job/Other:       Accommodations/Comments: Primary: Need Staff to Speak Loudl and Clearly. Alternate: Hearing Alds         TimeStamp: 11 June 2018 10:20:2       User:         Learning Disability:       Initial Reading Level: 10.7         Initial Reading Level Date: 06/29/2010       Durable Medical Equipment: Hearing Aid         Hearing Impaired Disability Vest	OFFENDER/PLACEMENT	DISABILITY ASSISTANCE
Facility:       Support Needs:         Housing G 001       Current DDP Status Date:       11/08/2001         Area/Bed:       DPP Codes:       DNH         Placement Score:       19       Current DDP Status Date:       08/29/2022         Custody Medium (A)       Current MH LOC:       EOP         Designation:       Current MH LOC Date:       09/24/2021         Housing Ground Floor-Limited Stairs       Interview Date:       06/11/2018         Restrictions:       Lower/Bottom Bunk Only       Primary Method(s) - Hearing:       Need Staff to Speak Loudly and Clearly         Alternate Method - Hearing:       Hearing Chrono dated 06/06/18.       Accommodations/Comments:       Primary:       Need Staff to Speak Loudly and Clearly.         Job/Other:       Non-Formulary Per E/C chrono dated 06/06/18.       Accommodations/Comments:       Primary:       Need Staff to Speak Loudly and Clearly.         Limitations to Permanent - 12/31/9999       Non-Formulary Per E/C chrono dated 06/06/18.       Accommodations/Comments:       Primary:       Need Staff to Speak Loudly and Clearly.         Limital Reading Level:       10.7       Initial Reading Level:       10.7         Initial Reading Level:       06/29/2010       Durable Medical Equipment:       Hearing Aid         Hearing Impaired Disability Vest       Hearing Impaired Disability Vest	CDC#:	Current DDP Status: NCF
Housing G 001 Area/Bed: Placement Score: 19 Custody Medium (A) Designation: Housing Ground Floor-Limited Stairs Restrictions: Lower/Bottom Bunk Only Physical No Rooftop Work Limitations to Permanent - 12/31/9999 Job/Other: Current Method - Hearing: Hearing Aids Non-Formulary Per E/C chrono dated 06/06/18. Accommodations/Comments: Primary: Need Staff to Speak Loudly and Clearly. Alternate: Hearing Aids TimeStamp: 11 June 2018 10:20:2 User: Learning Disability: Initial Reading Level: 10.7 Initial Reading Level: 10.7 Initial Reading Level Date: 06/29/2010 Durable Medical Equipment: Hearing Aid Hearing Impaired Disability Vest	Name:	DDP Adaptive None
Area/Bed:       DPP Codes: DNH         Placement Score: 19       DPP Determination Date: 08/29/2022         Custody Medium (A)       Current MH LOC: EOP         Designation:       Current MH LOC Date: 09/24/2021         Housing Ground Floor-Limited Stairs       SLI Required: No         Restrictions: Lower/Bottom Bunk Only       Primary Method(s) - Hearing: Need Staff to Speak Loudly and Clee         Alternate Method - Hearing: Hearing Alds       Non-Formulary Per E/C chrono dated 06/06/18.         Accommodations/Comments: Primary: Need Staff to Speak Loudl       and Clearly. Alternate: Hearing Alds         TimeStamp: 11 June 2018 10:20:2       User:         Learning Disability:       Initial Reading Level Date: 06/29/2010         Durable Medical Equipment: Hearing Aid       Hearing Impaired Disability Vest	Facility: SATF-Facility G	Support Needs:
Placement Score: 19       DPP Determination Date: 08/29/2022         Custody Medium (A)       Current MH LOC: EOP         Designation:       Current MH LOC Date: 09/24/2021         Housing Ground Floor-Limited Stairs       SLI Required: No         Restrictions: Lower/Bottom Bunk Only       Primary Method(s) - Hearing: Need Staff to Speak Loudly and Cle         Physical No Rooftop Work       Alternate Method - Hearing: Hearing Aids         Limitations to Permanent - 12/31/9999       Non-Formulary Per E/C chrono dated 06/06/18.         Job/Other:       Accommodations/Comments: Primary: Need Staff to Speak Loudly and Clearly. Alternate: Hearing Aids         TimeStamp: 11 June 2018 10:20:2       User:         Learning Disability:       Initial Reading Level: 10.7         Initial Reading Level Date: 06/29/2010       06/29/2010         Durable Medical Equipment: Hearing Aid       Hearing Impaired Disability Vest	Housing G 001	Current DDP Status Date: 11/08/2001
Custody Medium (A) Designation: Housing Program: Enhanced Out Patient Housing Ground Floor-Limited Stairs Restrictions: Lower/Bottom Bunk Only Physical No Rooftop Work Limitations to Permanent - 12/31/9999 Job/Other: Piper Staff to Speak Loudy and Clearly Alternate: Hearing Aids Non-Formulary Per E/C chrono dated 06/06/18. Accommodations/Comments: Primary: Need Staff to Speak Loudy and Clearly. Alternate: Hearing Aids TimeStamp: 11 June 2018 10:20:2 User: Learning Disability: Initial Reading Level 10.7 Initial Reading Level Date: 06/29/2010 Durable Medical Equipment: Hearing Aid Hearing Impaired Disability Vest	Area/Bed:	DPP Codes: DNH
Designation:       Current MH LOC Date: 09/24/2021         Housing Program: Enhanced Out Patient       SLI Required: No         Housing Ground Floor-Limited Stairs       Interview Date: 06/11/2018         Restrictions: Lower/Bottom Bunk Only       Primary Method(s) - Hearing: Need Staff to Speak Loudly and Clearing         Physical No Rooftop Work       Alternate Method - Hearing: Hearing Aids         Limitations to Permanent - 12/31/9999       Non-Formulary Per E/C chrono dated 06/06/18.         Job/Other:       Accommodations/Comments: Primary: Need Staff to Speak Loudly and Clearly. Alternate: Hearing Aids         TimeStamp: 11 June 2018 10:20:2       User:         Learning Disability:       Initial Reading Level: 10.7         Initial Reading Level Date: 06/29/2010       Obrability Vest	Placement Score: 19	DPP Determination Date: 08/29/2022
Housing Program: Enhanced Out Patient Housing Ground Floor-Limited Stairs Restrictions: Lower/Bottom Bunk Only Physical No Rooftop Work Limitations to Permanent - 12/31/9999 Job/Other: Limitations to Permanent - 12/31/9999 Job/Other: Limital Reading Level: 10.7 Initial Reading Level: 10.7	Custody Medium (A)	Current MH LOC: EOP
Housing Ground Floor-Limited Stairs Restrictions: Lower/Bottom Bunk Only Physical No Rooftop Work Limitations to Permanent - 12/31/9999 Job/Other:	Designation:	Current MH LOC Date: 09/24/2021
Restrictions: Lower/Bottom Bunk Only Physical No Rooftop Work Limitations to Permanent - 12/31/9999 Job/Other: Primary Method(s) - Hearing: Need Staff to Speak Loudly and Clear Non-Formulary Per E/C chrono dated 06/06/18. Accommodations/Comments: Primary: Need Staff to Speak Loudly and Clearly. Alternate: Hearing Alds TimeStamp: 11 June 2018 10:20:2 User: Learning Disability: Initial Reading Level: 10.7 Initial Reading Level: 10.7 Initial Reading Level Date: 06/29/2010 Durable Medical Equipment: Hearing Aid Hearing Impaired Disability Vest	Housing Program: Enhanced Out Patient	SLI Required: No
Physical No Rooftop Work       Alternate Method - Hearing: Hearing Aids         Limitations to Permanent - 12/31/9999       Non-Formulary Per E/C chrono dated 06/06/18.         Job/Other:       Accommodations/Comments: Primary: Need Staff to Speak Loudl and Clearly. Alternate: Hearing Alds         TimeStamp: 11 June 2018 10:20:2       User:         Learning Disability:       Initial Reading Level: 10.7         Initial Reading Level Date: 06/29/2010       Durable Medical Equipment: Hearing Aid         Hearing Impaired Disability Vest	Housing Ground Floor-Limited Stairs	Interview Date: 06/11/2018
Limitations to Permanent - 12/31/9999 Job/Other: Non-Formulary Per E/C chrono dated 06/06/18. Accommodations/Comments: Primary: Need Staff to Speak Loud and Clearly. Alternate: Hearing Ald TimeStamp: 11 June 2018 10:20:2 User: Learning Disability: Initial Reading Level: 10.7 Initial Reading Level Date: 06/29/2010 Durable Medical Equipment: Hearing Aid Hearing Impaired Disability Vest	Restrictions: Lower/Bottom Bunk Only	Primary Method(s) - Hearing: Need Staff to Speak Loudly and Clearly
Job/Other: Accommodations/Comments: Primary: Need Staff to Speak Loud and Clearly. Alternate: Hearing Ald TimeStamp: 11 June 2018 10:20:2 User: User:	Physical No Rooftop Work	Alternate Method - Hearing: Hearing Aids
and Clearly. Alternate: Hearing Aldering TimeStamp: 11 June 2018 10:20:2 User: Learning Disability: Initial Reading Level: 10.7 Initial Reading Level Date: 06/29/2010 Durable Medical Equipment: Hearing Aid Hearing Impaired Disability Vest	Limitations to Permanent - 12/31/9999	Non-Formulary Per E/C chrono dated 06/06/18.
TimeStamp: 11 June 2018 10:20:2 User: Learning Disability: Initial Reading Level: 10.7 Initial Reading Level Date: 06/29/2010 Durable Medical Equipment: Hearing Aid Hearing Impaired Disability Vest	Job/Other:	Accommodations/Comments: Primary: Need Staff to Speak Loudly
User:		and Clearly. Alternate: Hearing Alds.
Learning Disability: Initial Reading Level: 10.7 Initial Reading Level Date: 06/29/2010 Durable Medical Equipment: Hearing Aid Hearing Impaired Disability Vest		TimeStamp: 11 June 2018 10:20:25
Initial Reading Level: 10.7 Initial Reading Level Date: 06/29/2010 Durable Medical Equipment: Hearing Aid Hearing Impaired Disability Vest		User:
Initial Reading Level Date: 06/29/2010 Durable Medical Equipment: Hearing Aid Hearing Impaired Disability Vest		Learning Disability:
Durable Medical Equipment: Hearing Aid Hearing Impaired Disability Vest		Initial Reading Level: 10.7
Hearing Impaired Disability Vest		Initial Reading Level Date: 06/29/2010
		Durable Medical Equipment: Hearing Aid
		Hearing Impaired Disability Vest
Languages Spoken:		Languages Spoken:
	THRORTANT DATES	

#### IMPORTANT DATES

Date Received: 06/11/2010 Last Returned Date: Release Date: 12/18/2024 Release Type: Minimum Eligible Parole Date

#### WORK/VOCATION/PIA

Privilege Group: A Work Group: A1 AM Job Start 08/14/2023 Date: Status: Reentry Position #: CB2.004.012 Position Title: G DRP CB2-1 G2-C-160 Regular Days On: Monday, Wed, Friday (08:15:00 -10:15:00)

# Exhibit

### REASONABLE ACCOMMODATION PANEL (RAP) RESPONSE

RAP Meeting Date: 1/17/2024	Date IAC Received 1824: 1/16/2024	1824 Log Number: 505659
Inmate's Name:	CDCR #:	Housing: D1
	Representative , Custody Appeals Repres	e, Chief Medical Executive G. Ugweze, Psychologist entative the second and the second program eld Training Lieutenant <b>(1996)</b> , Principle (A)

Summary of Inmate's 1824 Request: Inmate reports difficulty hearing; Inmate requests an iPhone or iPad.

#### **Interim Accommodation:**

No interim accommodation required: You do not report difficulty accessing Programs, Services, or Activities (PSA)s or performing Activities of Daily Living (ADL)s.

#### **RAP RESPONSE:**

RAP is able to render a final decision on the following: Inmate reports difficulty hearing; Inmate requests an iPhone or iPad.

Response: On 1/17/2024, the RAP met and discussed your 1824, Reasonable Accommodation Request.

You do not have a severe hearing impairment impacting placement. You are accommodated with hearing aids and a pocket talker. Your current Effective Communication (EC) methods of hearing aids and need staff to speak loudly and clearly are sufficient to maintain EC during due process and all general communication. You do not require an iPad or iPhone with live captioning to access PSAs.

You are encouraged to utilize the appropriate avenues to address requests or concerns. If you disagree with this determination, you may submit a CDCR 602-2 and your concerns will be addressed through the Inmate Appeal Process.

Direction if dissatisfied: If you disagree with this decision and want to file an appeal/grievance, be sure to attach a copy of this response along with your CDCR 1824 as supporting documents.

N. Scaife

1. Samp

Date sent to inmate:

FEB 1 5 2024

ADA Coordinator/Designee

Signature

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STATE OF CALIFORNIA REASONABLE ACCOMMODATION REQUEST CDCR 1824 (Rev. 09/17)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

· · ·				Page 1 of
INSTITUTION (Staff use only)	LOG NUMBER (Staff Use Onl	y)	DATE RECE	CO BY STAFF!
SATE	505659			JAN 16 2024
TALK TO STAFF IF YO				
may delay your access to health care. Ins			OF	GRIEVANCES
INMATE'S NAME (Print)	CDCR NUMBER	ASSIGNMENT		HOUSING
		PLA		DI-
INSTRUCTIONS: • You may use this form if you have a physic • You may use this form to request a specifil participate in a program, service or activity • Submit this form to the Custody Appeals C • The 1824 process is intended for an individ • The CDCR 1824 is a request process, not • If you have received an 1824 decision that disagreeing with a medical diagnosis/treats WHAT CAN'T YOU DO / WHAT IS THE PR Heav Pacome Weige	c reasonable accommodation v You may also use this form to office. dual's accommodation request an appeal process. All CDCR tyou disagree with, you may su ment decision).	which, if approved o submit an allege Each individual' 1824 requests wi abmit an appeal (C	, will enable you ation of disability s request requir li receive a resp CDCR 602, or C	u to access and/or y-based discrimination. es a case-by-case review. ponse. DCR 602-HC if you are
haring and do hot	-hork the	hest		
The iphone or tab	olet to- Comm			if more space is needed)
				Not Sure
DO YOU HAVE DOCUMENTS THAT D List and attach documents, if available:				
			<u>ダベブ</u> E SIGNED	
INMATES Assistance in completing this form was prov				
Last Name	First Name		Signat	ure

DRAFT

### Interim Accommodation Procedure (IAP) / Interview Worksheet

Upon receipt of a CDCR 1824, the Institution Appeals Coordinator (IAC) <u>shall complete Step 1 below within 1 working day</u>. Step 2 should be completed whenever the inmate's request is unclear or when additional input from the inmate and/or staff will help the RAP better understand the request.

	CDCR #:	CDCR 1824 Lo	g #:
STEP 1 INTERIM ACCOMMODATION AS	SESSMENT	Date CDCR 1824 received b	y IAC: 01 / 16 / 24
Does the inmate raise issues o			
being processed? Base your a			
Yes / Unsure (Complete Steps 2 &/or 3) Vo (None of the issues below are present) [Note: IAC may still obtain information for RAP by completing Step 2]			
<ul> <li>Issues that may cause the inmate injury or other serious harm include, but are not limited to:</li> <li>Falling or the potential for falling.</li> <li>Cannot safely access upper bunk.</li> <li>Workplace safety concerns.</li> </ul>			
• •	replacement of health care a		•
	AGPA		01 / 16 / 24
Person Completing Step 1	Title	Signature	Date Completed
STEP 2 CDCR 1824 INTERVIEWS	-	Step 3 when Step 1 was "Yes/	
Date assigned: / /	Due back to IAC:/		I to IAC:///
Assigned to:			
Information needed:		<u> </u>	,
Note 1: Attach a DECS printout listing in Note 2: IAC and/or RAP may assign to Inmate Interview Date/Time: Interviewer notes:	self and obtain information ei	ther telephonically or in perso	n.
Staff Interviewed:	Title:	Inter	
Interviewer Notes:			
Staff Interviewed:			view date: / /
Interviewer Notes:			
Notes: ISSUANCE OF THE IPHONE LOSS. I/M IS CURRENLTY DE POCKET TALKER. I/M'S CUR CLEARLY.	RENT METHODS OF EC AR		
			/
Interviewer (Print Name)	, Title	Signature	Date Completed
Name and a second se	د با کار دید بر <sub>ک</sub> و امید خود در بروی میشود و از مین <sub>ک</sub> و کرد. در ا		

	IAP / Interview W		
te:	CDCR #:	CDCR 1824 Lo	og #:
DECISION REGARDING W	HETHER AN INTERIM ACCOMMODA	TION IS NECESSARY (See	Note below)
An Interim Accommodation	n <u>IS NOT required</u> .		
Reason:			
An Interim Accommodatio	n <u>IS required</u> .		
Reason:		<u>.</u> <u>.</u>	
Accommodation(s) prov	/ided:		Date provided: / /
Comments:			
	AGPA		01 / 17 / 24
Person Completing Step 3	Title	Signature	Date Completed

#### IAP processing instructions for the Appeals Coordinator

- Step 1 must always be completed prior to the initial RAP.
- Step 2 should be completed whenever the inmate's request is unclear, or when additional input from the inmate and/or staff will help the RAP better understand the request.
- If Step 1 is "Yes/Unsure," proceed to Steps 2 and/or 3. The interviews conducted in Step 2 will help with the decision in Step 3. Step 3 documents the decision. When the IAC is not able to complete steps 2 & 3 prior to the RAP (e.g, the request was received the day before the RAP) steps 2 and 3 may be completed during the RAP or shortly thereafter. Under no circumstances shall a decision regarding the need for an IAP exceed 5 working days.
- Consult with the ADA Coordinator when unsure which box to check in Step 1.
- Maintain ongoing communication with the ADA Coordinator regarding the interim accommodation process.

### Step 2 Interviewer Instructions

- Your task is to obtain additional information that will assist the Reasonable Accommodation Panel (RAP) better understand issues raised by an inmate on a CDCR 1824, Reasonable Accommodation Request Form.
- Take a moment to read the CDCR 1824 and then review the information being requested in Step 2. If you need clarification, contact the Appeals Office or the ADA Coordinator.
- Interview the inmate who filed the CDCR 1824 and/or staff who may have knowledge about the inmate's request.
- Inmates often have difficulty expressing themselves in writing. Your interview notes should try to clarify what the problem is, and what the inmate wants (e.g., cane, lower bunk, shower chair, job modification, etc.).
- Reminder. Be sure to return this form to the Inmate Appeals Coordinator by the due date listed in Step 2.

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### Name: CHSS035CDPP Disability/Accommodation Summary Tuesday January 16, 2024 02:30:23 PM

As of: 01/16/2024 ¢

OFFENDER/PLACEMENT	DISABILITY ASSISTANCE
CDC#:	Current DDP Status: NCF
Name:	DDP Adaptive None
Facility: SATF-Facility D	Support Needs:
Housing Area/Bed: D 001	Current DDP Status Date: 03/09/2018
Placement Score: 70	DPP Codes: DNM, DNH
Custody Designation: Medium (A)	DPP Determination Date: 10/18/2023
Housing Program: Sensitive Needs Yard	Current MH LOC: CCCMS
Housing Restrictions: Lower/Bottom Bunk Only	Current MH LOC Date: 09/03/2019
Physical Limitations to Special Cuffing Needed	SLI Required: No
Job/Other: Permanent - 12/31/9999	Interview Date: 10/11/2023
	Primary Method(s) - Hearing: Hearing Aids
	Alternate Method - Hearing: Need Staff to Speak Loudh
	and Clearly
	Non-Formulary
	Accommodations/Comments:
	Learning Disability:
	Initial Reading Level: 12.9
	Initial Reading Level Date: 04/25/2018
	Durable Medical Equipment: Hearing Aid
	Canes
	Eyeglass Frames
	Other (Include in
	Comments)
	Therapeutic Shoes/Orthoti
	Languages Spoken:
IMPORTANT DATES	WORK/VOCATION/PIA
IMPORIANT DATES	WURK/ YULATION/PIA

#### Date Received: 03/02/2018 Last Returned Date: Release Date: 11/06/2028

Release Type: Earliest Possible Release Date

CDC #:

PID #:

Privilege Group: A Work Group: A1 AM Job Start 10/29/2022 Date: Status: Full Time Position #: PF0.501.058 Position Title: FOOD & BEVERAGE PACKAGER Regular Days Monday through Friday (07:00:00 -On: 11:30:00) Monday through Friday (12:00:00 -15:00:00)

# Exhibit

#### REASONABLE ACCOMMODATION PANEL (RAP) RESPONSE

RAP Meeting Date: 1/17/2024	Date IAC Received 1824: 1/16/2024	1824 Log Number: 505665
Inmate's Name:	CDCR #:	Housing: D1-
RAP Staff Present: ADA Coordinator N. Dr. Health Care Grievance Repres Analyst Registered Nurse	entative , Custody Appeals Rep	rjee, Chief Medical Executive G. Ugweze, Psychologist resentative Associate Governmental Program Field Training Lieutenant Field Training Lieutenant

Summary of Inmate's 1824 Request: Inmate reports difficulty communicating with loved ones because the telephone volume is not loud enough; Inmate requests an iPhone or iPad.

#### Interim Accommodation:

☑ No interim accommodation required: The caption phone and tty phone are available on your facility.

#### RAP RESPONSE:

RAP is able to render a final decision on the following: Inmate reports difficulty communicating with loved ones because the telephone volume is not loud enough; Inmate requests an iPhone or iPad.

Response: On 1/17/2024, the RAP met and discussed your 1824, Reasonable Accommodation Request.

You do not have a severe hearing impairment impacting placement. Your hearing is restored to a functional level with your prescribed hearing aid. The live captioning provided by the iPhone and iPad is designed to be received from in-person communication, not through the use of a telephone. If you cannot use the telephone effectively, you may continue to use your GTL tablet and Over The Ear Headphones to communicate with your family. You may also access the TTY phone and caption phone on your facility.

You are encouraged to utilize the appropriate avenues to address requests or concerns. If you disagree with this determination, you may submit a CDCR 602-2 and your concerns will be addressed through the Inmate Appeal Process.

Direction if dissatisfied: If you disagree with this decision and want to file an appeal/grievance, be sure to attach a copy of this response along with your CDCR 1824 as supporting documents.

Date sent to inmate:

FEB 1 5 2024

ADA Coordinator/Designee

N. Scaife

Signature

Case 4:94-cv-02307-CW Document 3630-9 Filed 10/16/24 Page 93 of 96 DEPARTMENT OF CORRECTIONS AND REHABILITATION

# STATE OF CALIFORNIA REASONABLE ACCOMMODATION REQUEST CDCR 1824 (Rev. 09/17)

			-	Page 1 of 1
INSTITUTION (Staff use only)	LOG NUMBER (Staff Use Only) 505665		DATE RECEIVED	
**************************************			JAN 1	n 2024
DO NOT use a CDCR 1824 to request heal may delay your access to health care. Ins	••		OF GRIE	ANCES
INMATE'S NAME (Print)	CDCR NUMBER	ASSIGNMENT	HOU	SING
INSTRUCTIONS:				
<ul> <li>You may use this form if you have a physical operation of the second s</li></ul>	ic reasonable accommodation v y. You may also use this form to Office. Idual's accommodation request t an appeal process. All CDCR t you disagree with, you may su tment decision).	which, if approved o submit an allega . Each individual's 1824 requests wi	, will enable you to a ation of disability-bas s request requires a li receive a response	access and/or and discrimination. case-by-case review.
of FRIENDS.		Ua/	/	
	THANK	_ <u>_</u>		
WHY CAN'T YOU DO IT? ELE	PHONE VO	dune	- Dors	NT 60
	THAN	ik ya	/	
WHAT DO YOU NEED? IVE	BEEN SHOW	~/ HLD FCVZ EJ.	E OU CORR=SP	Dondlard.
	7.	TANC	for .	
		(Use the b	ack of this form if mo	ore space is needed)
DO YOU HAVE DOCUMENTS THAT D List and attach documents, if available:		TY? Yes  クチンパンタッ		et Sure
Assistance in completing this form was prev	idad by:	<u></u>	nay cause this reque	st to be disapproved.
			···	
Last Name	First Name		Signature	

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## Interim Accommodation Procedure (IAP) / Interview Worksheet

Upon receipt of a CDCR 1824, the Institution Appeals Coordinator (IAC) <u>shall complete Step 1 below within 1 working day</u>. Step 2 should be completed whenever the inmate's request is unclear or when additional input from the inmate and/or staff will help the RAP better understand the request.

Inmate:	CDCR #:	CDCR 1824 Log #:			
STEP 1 INTERIM ACCOMMODATION ASS	ESSMENT Date C	CDCR 1824 received by IAC: 01 / 16 / 24			
being processed? Base your as	sessment solely on the inmate's	e inmate injury or other serious harm while it claim, assuming the claim is true.			
<ul> <li>Yes / Unsure (Complete Steps 2 &amp;/or 3)</li> <li>Issues that may cause the inmate injury or other serious harm include, but are not limited to:</li> <li>Falling or the potential for falling.</li> <li>Cannot safely access upper bunk.</li> <li>Workplace safety concerns.</li> </ul>					
					ng hail, carry food tray, shower, use toilet).
			Maintenance, repair, or repair.	eplacement of health care appliand	es which involve safety concerns.
				AGPA	01 / 16 / 24
Person Completing Step 1	Title -V	Signature Date Completed			
STEP 2 CDCR 1824 INTERVIEWS	Note: Be sure to complete Step 3	when Step 1 was "Yes/Unsure"			
Date assigned://	Due back to IAC://	Returned to IAC: / /			
Assigned to:		Title:			
Information needed:					
Note 1: Attach a DECS printout listing in Note 2: IAC and/or RAP may assign to s Inmate Interview Date/Time: Interviewer notes:	elf and obtain information either tele	ephonically or in person.			
Note 1: Attach a DECS printout listing im Note 2: IAC and/or RAP may assign to s Inmate Interview Date/Time: Interviewer notes: Staff Interviewed:	elf and obtain information either tele Location:	ephonically or in person.			
Note 1: Attach a DECS printout listing in Note 2: IAC and/or RAP may assign to s Inmate Interview Date/Time: Interviewer notes:	elf and obtain information either tele Location: Title:	ephonically or in person.			
Note 1: Attach a DECS printout listing im         Note 2: IAC and/or RAP may assign to s         Inmate Interview Date/Time:         Interviewer notes:         Staff Interviewed:         Interviewer Notes:	elf and obtain information either tele Location: Title:	ephonically or in person.			
Note 1: Attach a DECS printout listing im         Note 2: IAC and/or RAP may assign to s         Inmate Interview Date/Time:         Interviewer notes:         Staff Interviewed:         Interviewer Notes:	elf and obtain information either tele Location: Title: Title:	ephonically or in person.			
Note 1: Attach a DECS printout listing im         Note 2: IAC and/or RAP may assign to s         Inmate Interview Date/Time:         Interviewer notes:	elf and obtain information either tele Location: Location: Title: Title: Title: ECHNOLOGY IS INTENDED FOR I SIGNATED DNH AND IS BEING AC CESS CAPTION OR TDD/TTY PH	ephonically or in person.			
Note 1: Attach a DECS printout listing im         Note 2: IAC and/or RAP may assign to s         Inmate Interview Date/Time:         Interviewer notes:	elf and obtain information either tele Location: Location: Title: Title: Title: ECHNOLOGY IS INTENDED FOR I SIGNATED DNH AND IS BEING AC CESS CAPTION OR TDD/TTY PH	ephonically or in person.			

IAP / Interview Worksheet

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Inmate	e:	CDCR #:	_ CDCR 1824 Lo	g #:
Step 3:	An Interim Accommodatio	HETHER AN INTERIM ACCOMMODATION		Note below)
	An Interim Accommodatio Reason:	n <u>IS reguired</u> .		
	Accommodation(s) prov	/ided:		Date provided: // //
	Comments:			·//
Pe	erson Completing Step 3	AGPA	Signature	01 / 17 / 24 Date Completed
Note: Wh	nen information is unable to pro	ove or disprove a claim, consider an interim	accommodation as a pr	ecautionary measure.

#### IAP processing instructions for the Appeals Coordinator

- Step 1 must always be completed prior to the initial RAP.
- Step 2 should be completed whenever the inmate's request is unclear, or when additional input from the inmate and/or staff will help the RAP better understand the request.
- If Step 1 is "Yes/Unsure," proceed to Steps 2 and/or 3. The interviews conducted in Step 2 will help with the decision in Step 3. Step 3 documents the decision. When the IAC is not able to complete steps 2 & 3 prior to the RAP (e.g, the request was received the day before the RAP) steps 2 and 3 may be completed during the RAP or shortly thereafter. Under no circumstances shall a decision regarding the need for an IAP exceed 5 working days.
- Consult with the ADA Coordinator when unsure which box to check in Step 1.
- Maintain ongoing communication with the ADA Coordinator regarding the interim accommodation process.

#### Step 2 Interviewer Instructions

- Your task is to obtain additional information that will assist the Reasonable Accommodation Panel (RAP) better understand issues raised by an inmate on a CDCR 1824, Reasonable Accommodation Request Form.
- Take a moment to read the CDCR 1824 and then review the information being requested in Step 2. If you need clarification, contact the Appeals Office or the ADA Coordinator.
- Interview the inmate who filed the CDCR 1824 and/or staff who may have knowledge about the inmate's request.
- Inmates often have difficulty expressing themselves in writing. Your interview notes should try to clarify what the problem is, and what the inmate wants (e.g., cane, lower bunk, shower chair, job modification, etc.).
- Reminder. Be sure to return this form to the Inmate Appeals Coordinator by the due date listed in Step 2.

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#### CDC #: PID #: Name: CHSS035CDPP Disability/Accommodation SummaryTuesday January 16, 2024 02:32:03 PM

As of: 01/16/2024

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OFFENDER/PLACEMENT	DISABILITY ASSISTANCE
CDC#:	Current DDP Status: NCF
Name;	DDP Adaptive None
Facility: SATF-Facility D	Support Needs:
Housing Area/Bed: D 001	Current DDP Status Date: 03/06/2002
Placement Score: 74	DPP Codes: DNH
Custody Medium (A)	DPP Determination Date: 06/21/2023
Designation;	Current MH LOC: CCCMS
Housing Program: Sensitive Needs Yard	Current MH LOC Date: 08/19/2013
Housing Lower/Bottom Bunk Only	SLI Required: No
Restrictions:	Interview Date: 08/21/2023
Physical Lifting Restriction- Unable to Lift more	Primary Method(s) - Hearing: Need Staff to Speak Loudly
Limitations to than 19 Pounds	and Clearly
Job/Other: Permanent - 12/31/9999	Primary Method - Speech: Written Notes
	Non-Formulary CART service shall be
	Accommodations/Comments: provided during due process events.
	Learning Disability:
	Initial Reading Level: 09.0
	Initial Reading Level Date: 03/09/2018
	Durable Medical Equipment: Hearing Aid
	Back Braces
	Eyeglass Frames
	Hearing Impaired Disability
	Vest
	Incontinence Supplies
	Night Guard
	Therapeutic Shoes/Orthotic
	Languages Spoken:
· · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · ·  · · · · · · · · · · · · · · · · · ·	
IMPORTANT DATES	WORK/VOCATION/PIA

#### Date Received: 01/21/2016 Last Returned 04/05/2022

Date: Release Date: 02/13/2036 Release Type: Earliest Possible Release Date

#### DRK/VOCATION/PIA

Privilege Group: A Work Group: A1 AM Job Start 10/29/2022 Date: Status: Full Time Position #: PFO.501.049 Position Title: FOOD & BEVERAGE PACKAGER Regular Days Monday through Friday (07:00:00 -On: 11:30:00) Monday through Friday (12:00:00 -15:00:00)